Form 3160-3 (November 1983)

## INITED STATES

SUBMIT IN TO TCATE (Other instructs on reverse side)

Form approved. Budget Bureau No. 1004-0136 Expires August 31, 1985

| (formerly 9-331C)                                                                                                                                                                                                                                                                                                                                                                                                                                              | DEPARTMENT OF THE INTERIOR 5. LEASE DESIGNATION AND SESIAL NO |                         |                             |            |                                                           | L NO.           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------|-----------------------------|------------|-----------------------------------------------------------|-----------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BUREAU OF LAND MANAGEMENT                                     |                         |                             |            |                                                           |                 |
| APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK  6. IF INDIAN, ALLOTTES OR TRIBE NAME                                                                                                                                                                                                                                                                                                                                                                    |                                                               |                         |                             |            |                                                           | ILME            |
| 1a. TYPE OF WORK                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                         |                             | BACK []    | 7. UNIT AGREEMENT NAME                                    |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DRILLXX                                                       | DEEPEN [                | -                           |            | Oil Springs Unit                                          |                 |
| b. TYPE OF WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                | OAS XX OTHER                                                  |                         | ZONE ZON                    | LTIPLEXX   | S. FARM OR LEASE NAME                                     |                 |
| 2. NAME OF OPERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                               |                         |                             |            | Oil Springs                                               |                 |
| Rosewood Re                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                               |                         |                             |            | 12                                                        |                 |
| 100 Crescent                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Court, Suite 500, Da                                          | llas Tx.75201           | 214-871-5729                |            | 10. FIELD AND POOL, OR WILDCAT                            |                 |
| AT SHEIDER                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Report location clearly at 50' FWL, SW1/4, N                 |                         |                             |            | 11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA          |                 |
| At proposed prod.                                                                                                                                                                                                                                                                                                                                                                                                                                              | 22.9                                                          | •                       |                             |            | SEC. 5, T 12 S, R 24 E.  12. COUNTY OR PARISH   13. STATE | <u> </u>        |
| 14. DISTANCE IN MIL                                                                                                                                                                                                                                                                                                                                                                                                                                            | ES AND DIRECTION FROM NE                                      | AREST TOWN OR POST      | OFFICE.                     |            | UINTAH U                                                  |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SOUTH OF BONAN                                                |                         | 16. NO. OF ACRES IN LEASE   | 17. NO.    | OF ACRES ASSIGNED                                         |                 |
| 10. DISTANCE FROM P.<br>LOCATION TO NEA<br>PROPERTY OR LEA                                                                                                                                                                                                                                                                                                                                                                                                     | RENT<br>RE LINE, PT.                                          | 750'                    | 2,160                       | TOT        | 40                                                        |                 |
| (Also to nearest                                                                                                                                                                                                                                                                                                                                                                                                                                               | drig. unit line, it any;                                      | 730                     | 19. PROPOSED DEPTH<br>4500' | 20. ROTA   | RY OR CABLE TOOLS                                         |                 |
| TO NEAREST WELL<br>OR APPLIED FOR, ON                                                                                                                                                                                                                                                                                                                                                                                                                          | C. DRILLING, COMPLETED,                                       | 2000'                   | 4500.                       |            | ROTARY                                                    | CART*           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                | whether DF, RT, GR, etc.)<br>6,172'                           |                         |                             |            | March 1, 1998                                             |                 |
| 23.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                               | PROPOSED CASIN          | G AND CEMENTING PROG        | RAM        |                                                           |                 |
| SIZE_OF HOLE                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SIZE OF CASING                                                | WEIGHT PER FOO          | T SETTING DEPTH             |            | QUANTITY OF CEMENT TO SURFACE                             |                 |
| SIZE OF HOLE                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                               | 36                      | 300                         |            | CMT TOP TO COVE                                           | R               |
| 7.7/8                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4 1/2                                                         | 11.6                    | T.D.                        |            | THE OIL SHALE                                             | <u> </u>        |
| OPERATOR REQUESTS PERMISSION TO DRILL THE SUBJECT WELL PLEASE SEE THE ATTACHED 10 POINT AND THE 13 POINT SURFACE USE PLAN.  IF YOU REQUIRE ADDITIONAL INFORMATION PLEASE CONTACT:  WILLIAM A. RYAN 350 S., 800 E.  VERNAL, UTAH 801-789-0968  801-823-6152  DIV. OF OIL, GAS & MINING  DIV. OF OIL, GAS & MINING  One. If proposal is to deepen directionally, sive pertinent data on subsurface locations and measured and true vertical depths. Give blowout |                                                               |                         |                             |            |                                                           | ictive<br>swout |
| zone. If proposal is<br>preventer program, if                                                                                                                                                                                                                                                                                                                                                                                                                  | any.                                                          | erry, give pertinent of | ETT OF SUPSTITUTE INCUSTORS |            |                                                           |                 |
| 24. ∠<br>V                                                                                                                                                                                                                                                                                                                                                                                                                                                     | VILLIAM A. RYAN                                               | gon-                    | ACENT                       |            | — DATE October. 28, 19                                    | 97              |
| SIGNED WILLIAM A. RYAN () TITLE AGENT DATE October. 28, 1997                                                                                                                                                                                                                                                                                                                                                                                                   |                                                               |                         |                             |            |                                                           |                 |
| (This space for F                                                                                                                                                                                                                                                                                                                                                                                                                                              | ederal or State office use)                                   |                         |                             |            |                                                           |                 |
| PERMIT NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 43-047-3305                                                   | 5/                      | APPROVAL DATE               | in a char- |                                                           |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID R                                                          |                         | Associate D                 | OGM        | DATE 2/2/98 .                                             |                 |
| APPROVED BY THE CONDITIONS OF APPROVAL, IF ANY:                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                         |                             |            |                                                           |                 |

## T12S. R24E, S.L.B.&M.

| LOT 4 LOT 3 LOT 2 LOT 1  LOT 4 DIL SPRINGS #12  Elev. Ungraded Ground = 5172'  Sat tacked Stones Means of Stones Means of Stones of Ston | LOT * LOT 3 LOT 2 LOT 1  TOO OIL SPRINGS #12  Flev. Ungraded Ground = 5172'  Set Harked Stope, Wound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sof Merkori<br>Serio                     | N89'59 <b>'</b> E                    | - (G.L.O.)  | 7718 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------|-------------|------|
| Set Marked Stones Mexical of Stones Mexical of Stones                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Set tigrised Stone, Money of Stones  Stone Money of Stones  Stone Money of Stones  Sto | 1                                        | 107 3                                | LOT 2       |      |
| - 13 A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Set tracked<br>Stone, Mound<br>of Stones | IL SPRINGS #12<br>lev. Ungraded Grou | and = 5172' |      |

#### LECEND:

= 90' SYMBOL

👰 = PROPOSED WELL HEAD.

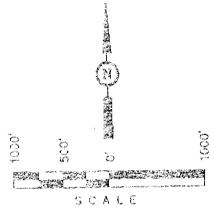
A - SECTION CORMERS FOCATED.

## ROSEWOOD GESOURCES, INC

Well location, Oil SPRINGS \$12, located as shown in the SW 1/4 NW 1/4 of Section 5, 712S, R24E, S.L.B.&M. Uintain County Utah.

#### BASIS OF ELEVATION

BENCH MAPK AS RAM LOCATED IN THE SW 1/A OF SECTION 3, TIRS, 125E, MULLAM, DAKEN FROM THE ARCHY BENCH SE GOADRANGLE, UTAH, UNITAM COUNCY, 7.5 MINUTE CUAD. (TOPOGRAPHIC MAP) PUBLISHED BY THE UNITED STATES DEPARTMENT OF THE INTERIOR, GUOLOGICAL SURVEY, SAID ELEVATION IS MARKED AS DEING 5055 FEET.



#### CERTIFICATE

THIS IS TO CERTIFY THAT THE ABOVE PLANT WAS PREPARED FROM THE D. NOTES OF ACTUAL SURFERS HAD CORRECT ME OR UNDER MY SUPERVISION AND THAT THE SAME TRESTANCE AND CORRECT ME.

REGISTERED LAND SURVEYOR REGISTRATION NO. 181319

# UINTAH ENGINEEHING & LAND SURVEYING 85 SOUTH 200 EAST - VERNAL UTAH 34078 (801) 789-1017

|               |          | (552)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 40. 10.                  |                                                 |
|---------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------|
| SCALE  " =    | 1000,    | ernyamanne jakonin läävättä läävät osevaimin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DATE SURVEYED:<br>10-09-97 | DATE DRAWN:<br>10-14-97                         |
| PARTY<br>D.A. | K.H.     | 0.8.8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GLO. PLA                   | 1                                               |
| WANER T       | 2 7. 1 2 | p description of the second se | Pat .                      | erine er en |

#### SELF-CERTIFICATION STATEMENT

The following self-certification statement is provided per Federal requirements dated June 15, 1988.

Please be advised that Rosewood Resources, Inc., is considered to be the operator of the following well.

Oil Spring Unit # 12 SW 1/4, NW 1/4, Section 5, T. 12 S., R. 24 E. Lease UTU-08424A Uintah County, Utah

Rosewood Resources, Inc., is responsible under the terms and conditions of the lease for the operations conducted upon the lease lands.

Bond coverage is provided by Certificate of Deposit, BLM Bond #UT-0627.

William A. Ryan

Agent

**Rocky Mountain Consulting** 

350 S. 800 E.

Vernal UT 84078

801-789-0968 Office

801-823-6152 Cell

801-789-0970 Fax

### Ten Point Plan

Rosewood Resources, Inc.

Oil Springs 12 Oil Springs Unit

Surface Location SW 1/4, NW 1/4, Section 5, T. 12 S., R. 24 E.

#### 1. Surface Formation:

Green River

## 2. Estimated Formation Tops and Datum:

| Formation           | Depth_  | <b>Datum</b> |
|---------------------|---------|--------------|
| Green River         | Surface | 6,172' G.L.  |
| Oil Shale           | 500     | 5,672        |
| Wasatch             | 2,632   | 3,540        |
| Mesaverde formation | 4,208   | 1,964        |
| T.D.                | 4,500   | 1,672        |

## 3. Producing Formation Depth:

Formation objective include the Wasatch and Mesaverde and its submembers.

#### Off Set Well Information:

| Off set well: | Gas Well<br>Gas Well<br>Gas Well<br>Gas Well | Oil Spring Unit #5 Oil Spring Unit #11 Hanging Rock 7-6 Hanging Rock 6-15 | Sec. 5, T. 12 S., R. 24.E.<br>Sec. 5, T. 12 S., R. 24.E.<br>Sec. 7, T. 12 S., R. 24.E.<br>Sec. 6, T. 12 S., R. 24.E. |
|---------------|----------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
|---------------|----------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

### 4. Proposed Casing:

| Hole   | Casing | ζ          | Grade    | Setting      | Casing         |
|--------|--------|------------|----------|--------------|----------------|
| Size   | •      | Weight/Ft. | & Tread  | <u>Depth</u> | New/Used       |
| 12 1/2 | 9 5/8  | 36         | J-55/STC | 300          | New            |
| 7 7/8  | 4 1/2  | 11.6       | J-55/LTC | T.D.         | Used/inspected |

### Cement Program:

| Casing<br>Size | Cement<br>Type                                                            | Cement<br>Amount | Cement<br><u>Yield</u> | Cement<br>Weight |
|----------------|---------------------------------------------------------------------------|------------------|------------------------|------------------|
| 9 5/8          | Class "G"<br>2% Calcium<br>1/4 #/sk cello flake                           | 200 sks.         | 1.18 cu. ft./sk        | . 15.6 lbs./gal. |
| 4 1/2          | Lead Class "G" 3 % salt 16% gell 10# Gilsonite/sk                         | 200 sks          | 3.90 cu. ft./sk        | . 11.0 lbs./gal. |
|                | Tail<br>Class "G"<br>10% salt<br>10% gypsum<br>2% WR15<br>.4 lbs/sk FL 25 | 500 sks +/-      | 1.53 cu. ft./sk        | . 14.8 lbs./gal. |

#### 5. BOP and Pressure Containment Data:

The anticipated bottom hole pressure will be less than 3000 psi.

A 3000 psi WP BOP system as described in the BOP and Pressure Containment Data (attached) will be installed and maintained from the 9 5/8" surface casing. The BOP system including the casing will be pressure tested to the minimum standards set forth in "On Shore Order #2". The BOP will be mechanically checked daily during the drilling operation.

#### 6. Mud Program:

| Interval  | Mud weight lbs/gal. | Viscosity Sec./Qt. | Fluid Loss MI/30 Mins. | Mud Type  |
|-----------|---------------------|--------------------|------------------------|-----------|
| 0-300     | Air/Clear Water     |                    | No Control             | Water/Gel |
| 300-2000  | Clear Water         | 4                  | No Control             | Water/Gel |
| 2000-T.D. | 8.4-8.6             | 30                 | No Control             | Water/Gel |

## 7. Auxiliary Equipment:

Upper Kelly cock, full opening stabbing valve, 2 1/2" choke manifold and pit level indicator.

## 8. Testing, Coring, Sampling and Logging:

a) Test: None are anticipated.

b) Coring: There is the possibility of sidewall coring.

c) Sampling: Every 10' from 2000' to T.D.

d) Logging: Type Interval

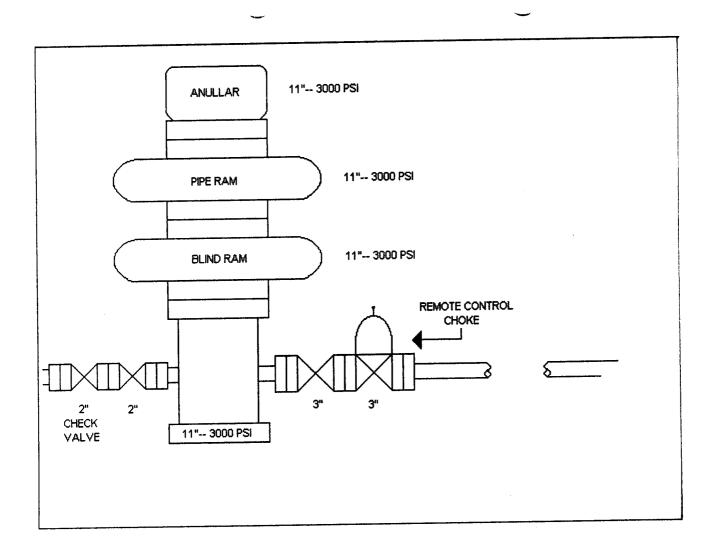
DLL/SFL W/GR and SP T.D. to Surf. Csg FDC/CNL W/GR and CAL T.D. to Surf. Csg

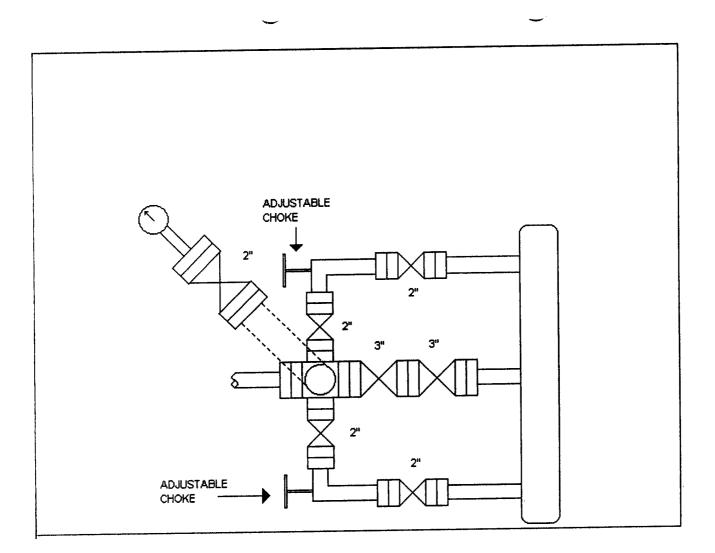
#### 9. Abnormalities (including sour gas):

No abnormal pressures, temperatures or other hazards are anticipated. Oil and gas shows are anticipated in the Wasatch Formation. Other wells drilled in the area have not encountered over pressured zones or H2S.

#### 10. Drilling Schedule:

The anticipated starting date is March 1, 1998. Duration of operations expected to be 30 days.





## ROSEWOOD RESOURCES, INC.

13 POINT SURFACE USE PLAN

FOR WELL

**OIL SPRINGS UNIT 12** 

**LOCATED IN** 

SW 1/4, NW 1/4

SECTION 5, T. 12 S., R. 24 E., U.S.B.&M.

**UINTAH COUNTY, UTAH** 

**LEASE NUMBER: UTU-08424A** 

SURFACE OWNERSHIP: FEDERAL

#### 1. Existing Roads

To reach the Rosewood Resources, Inc., Oil Springs Unit #12 well location, in Section 5, T 12 S, R 24 E, from Bonanza, Utah:

Starting in Bonanza, Utah proceed south on the paved road for 4 miles. Turn south (left) on the Book cliffs road (dirt road). Proceed south 3.9 miles to the Greeks Corrals. Turn west (right) at the fork in the road. Proceed 8.3 miles to the Asphalt Wash sign. Stay to the south (left) of the sign. Proceed .7 miles to the Rainbow sign. Stay to the west (right) of the sign. This is also called the Kings Wells road. Proceed 6.1 miles turn north (right) off the county road. Proceed .3 miles to the access road and location.

All existing roads to the proposed location are State or County class D roads.

Please see the attached map for additional details.

#### 2. Planned access road

The proposed location will require approximately 800 feet of new road construction.

Please see the attached location plat for additional details.

A right of way will be required on the section of road in Section 6, T12S, R24E. All other surface disturbence for the road and location will be within the Unit boundary.

## 3. Location of existing wells

The following wells are located within one mile radius of the location site.

| A) Prod | lucing | wells |
|---------|--------|-------|
|---------|--------|-------|

| *************************************** |                       |                            |
|-----------------------------------------|-----------------------|----------------------------|
| Gas Well                                | Oil Springs Unit # 5  | Sec. 5, T. 12 S., R. 24 E. |
| Gas Well                                | Oil Springs Unit # 11 | Sec. 5, T. 12 S., R. 24 E. |
| Gas Well                                | Hanging Rock 7-6      | Sec. 7, T. 12 S., R. 24 E. |
| Gas Well                                | Hanging Rock 6-15     | Sec. 6, T. 12 S., R. 24 E. |

B) Water wells None

C) Abandoned wells None

D) Temporarily abandoned wells None

E) Disposal wells None

F) Drilling wells None

G) Shut in wells None

H) Injection wells None

I) Monitoring or observation wells None

Please see the attached map for additional details.

## 4. Location of tank batteries, production facilities, and production gathering service lines.

All production facilities are to be contained within the proposed location site. Please see the attached plat plan for a typical gas well separator installation and well site piping.

All permanent (on site for more than six months or longer) structures constructed or installed will be painted a desert brown color. Facilities required to comply with O.S.H.A. (Occupational Saftey and Health Act) will be excluded. The required paint color is Desert Brown (10 yr).

All tanks will be surrounded by a dike of sufficient capacity to contain the storage capacity of the largest tank in the battery. The integrity of the dike will be maintained.

The operator will adhere to all site security guidelines and regulations identified in 43 cfr 3126.7.

All off lease storage, off lease measurement, commingling on lease or off lease, of production, will have prior written approval from the authorized officer.

A proposed surface gas line will be constructed and tie into an existing 4" line. The proposed line will be 1300 feet long and be constructed adjacent to an existing pipe line. Please see the attached location diagrams for pipe line location. There will be no additional surface disturbances required for the installation of a gathering line. The line will be a 2" or 4" steel line.

The gas meter run will be located within 500' of the well head. The gas line will be buried or anchored down from the well head to the meter. Meter runs will be housed and/or fenced.

The gas meter will be calibrated and the tank strapped in place prior to any deliveries. Tests for meter accuracy will be conducted monthly for the first three months on new meter installations and at least quarterly thereafter. The authorized officer will be provided with a date and time for the initial meter calibration and all future meter proving schedules. A copy of the meter calibration report will be submitted to the BLM's Vernal District office. All measurement facilities will conform with API and AGA standards for gas and liquid hydrocarbon measurement.

## 5. Location and type of water supply

Water for drilling and cementing the subject well will be hauled by truck from Rosewoods water station in Section 13, T11S, R23E. A second location may be used, it would be Evacuation Creek permit # 49-1595. The Evacuation Creek distrabution point is in Section 7, T11S, R25E. Water for completion will come from the same supply or Vernal City.

#### 6. Source of construction materials

All construction material for this location site and access road shall be borrow material accumulated during constuction of the location site and access road. Additional road gravels or pit lining material will be obtained from private sources.

## 7. Methods for handling waste disposal

## A) Pit construction and liners:

The reserve pit will be approximately 10 ft. deep and most of the depth shall be below the surface of the existing ground. Please see the attached plat for details.

#### The reserve pit will be lined.

The reserve pit will not be used to store water for drilling. A semi-closed system will be used to drill the well. All fresh water for drilling will come from a frac tank placed on location and from the rig tank. The pit will be used to hold non-flammable materials such as cuttings, salt, drilling fluids, chemicals, produced fluids, etc.

#### B) Produced fluids:

Produced water will be confined to the reserve pit, or if deemed necessary, a storage tank for a period not to exceed 90 days after initial production. During the 90 day period an application for approval for a permanent disposal method and location will be submitted to the authorized officer.

#### C) Garbage:

A trash cage fabricated from expanded metal will be used to hold trash on location and will be removed to an authorized land fill location.

#### D) Sewage:

A portable chemical toilet will be supplied for human waste.

#### E) Site clean-up

After the rig is moved off the location the well site area will be cleaned and all refuse removed.

### 8. Ancillary facilities

There are no ancillary facilities planned for at this time and none are foreseen for the future.

#### 9. Well-site layout

Location dimensions are as follow:

| A) | Pad length           | 325 ft.                    |
|----|----------------------|----------------------------|
| B) | Pad width            | 155 ft.                    |
| C) | Pit depth            | 10 ft.                     |
| D) | Pit length           | 180 ft.                    |
| E) | Pit width            | 50 ft.                     |
| F) | Max cut              | 18.0 ft.                   |
| Ġ) | Max fill             | 16.4 ft.                   |
| H) | Total cut yds        | 10,790 cu. yds.            |
| I) | Pit location         | east side                  |
| J) | Top soil location    | north between 3 and 2 side |
|    | Trees                | north of top soil          |
| K) | Access road location | south end                  |
| L) | Flare pit            | east of corner B           |
|    |                      |                            |

Please see the attached location diagram for additional details.

All pits will be fenced according to the following minimum standards:

- A) Thirty nine inch net wire shall be used with at least one strand of wire on top of the net wire. Barbed wire is not necessary if pipe or some type of reinforcement rod is attached to the top of the entire fence.
- B) The net wire shall be no more than 2 inches above the ground. The barbed wire shall be 3 inches above the net wire. Total height of the fence shall be at least 42 inches.
- C) Corner posts shall be cemented and/or braced in such a manner to keep the fence tight at all times.
- D) Standard steel, wood or pipe posts shall be used between the corner braces. Maximum distance between any two posts shall be no greater than 16 ft.
- E) All wire shall be stretched by using a stretching device before it is attached to the corner posts.

#### 10. Plans for restoration of the surface

Prior to construction of the location, the top 6 inches of soil material will be stripped off the location and the pit area. The top soil will amount to approximately 1,000 cubic yards of material. The top soil will be stockpiled in a distinct piles. Placement of the top soil is noted on the attached location plat also note the location for the trees. The top soil pile from the location will be seeded as soon as the soil is stock piled with the seed mix listed. When all drilling and completion activities have been completed and the pit backfilled the top soil from the pit area spread on the pit area. The pit area will be seeded when the soil has been spread. The unused portion of the location (the area outside the dead men.) will be recontoured

The dirt contractor will be provided with an approved copy of the surface use plan prior to construction activities.

Any drainage rerouted during the construction activities shall be restored to its original line of flow or as near as possible.

All disturbed areas will be recontoured to the approximate natural contours. Prior to back filling the pit the fences around the reserve pit will be removed.

The reserve pit will be reclaimed within 90 days of well completion. If the reserve pit has not dried sufficiently to allow back filling, an extension on the time requirement

for back filling the pit will be requested. Once reclamation activities have begun, they shall be completed within 30 days.

After the reserve pit has been reclaimed, no depressions in the soil covering the reserve pit will be allowed. The objective is to keep seasonal rain fall and run off from seeping into the soil used to cover the reserve pit. Diversion ditches and water bars will be used to divert run off as needed.

When restoration activities have been completed, the location site and new access road cuts and shoulders shall be reseeded. Prior to reseeding, all disturbed areas will be scarified and left with a rough surface.

### A) Seeding dates:

Seed will be spread when the top soil is stock piled and when reclamation work is performed.

Seed will be broadcast. If a drill is used the seed mix will be half the mix spesified.

#### Seed Mix

Four wing salt brush

3#/acre

Shad scale

3#/acre

Thickspike wheat grass

6#/acre

At such time as the well is plugged and abandoned the operator will submit a surface reclamation plan to the surface management agency for prescribed seed mixture and reseeding requirements.

## 11. Surface ownership:

Access road

Federal

Location

Federal

Pipe line

Federal

#### 12. Other information

#### A) Vegetation:

The vegetation coverage is slight. The majority of the existing vegetation consists of Pinion Pine and Juniper. Rabbit brush, bitter brush and indian rice grass are also found on the location.

#### B) Dwellings:

There are no dwellings, or other facilities within a one mile radius of the location.

#### C) Archeology:

The location has been surveyed. A copy of that survey will be forworded to your office.

If, during operations, any archaeological or historical sites, or any objects of antiquity (subject to the antiquities act of June 8, 1906) are discovered, all operations which would affect such sites will be suspended and the discovery reported promptly to the surface management agency.

#### D) Water:

The nearest water is the Asphalt Wash located 4 miles to the north.

#### E) Chemicals:

No pesticides, herbicides or other possible hazardous chemicals will be used without prior application.

#### F) Notification:

a) Location construction

At least forty eight (48) hours prior to construction of location and access roads

b) Location completion

Prior to moving on the drilling rig.

c) Spud notice

At least twenty-four (24) hours prior to spudding the well.

d) Casing string and cementing

At least twenty-four (24) hours prior to running casing and cementing all casing strings.

e) BOP and related equipment tests

At least twenty-four (24) hours prior to initialing pressure tests.

f) First production notice

With in five (5) business days after the new well begins, or production resumes after well has been off production for more than ninety 90 days.

#### H) Flare pit

The flare pit will be located a minimum of 30 feet from the reserve pit fence and 100 feet from the bore hole on the south and west side of the location, between points C and 6 on the location plat. All fluids will be removed from the pit within 48 hours of occurrence.

### 13. Lessees or Operator's representative and certification

#### A) Representative

Name: William A. Ryan

Address: Rocky Mountain Consulting

350 South, 800 East Vernal, Utah 84078

Telephone:

 Office
 801-789-0968

 Fax
 801-789-0970

 Cellular
 801-823-6152

All lease and/or unit operations will be conducted in such a manner that full compliance is made with all applicable laws, regulations, onshore oil and gas orders, the applicable laws, regulations, and any applicable notices to lessees. The operator is fully responsible for the actions of his subcontractors. A copy of these conditions will be furnished to the field representative to ensure compliance.

This drilling permit will be valid for a period of one year from the date of approval. After permit termination, a new application will be filed for approval for any future aperations.

#### B) Certification

I herby certify that I, or persons under my direct supervision, have inspected the proposed drill-site and access route, that I am familiar with the conditions which presesently exist, that the statements made in this plan are, to the best of my knowledge and belief, true and correct, and that the work associated with the operation proposed herein will be performed by Freedom Energy, Inc. and its contractors and subcontractors in conformity with this plan and terms and conditions with this plan and the terms and conditions under which it is approved.

William A. Ryan

Agent

Rocky Mountain Consulting

Onsite Date:

October 16, 1997

**Rocky Mountain Consulting** 

Participant on joint inspection: William Ryan Byron Tolman

BLM

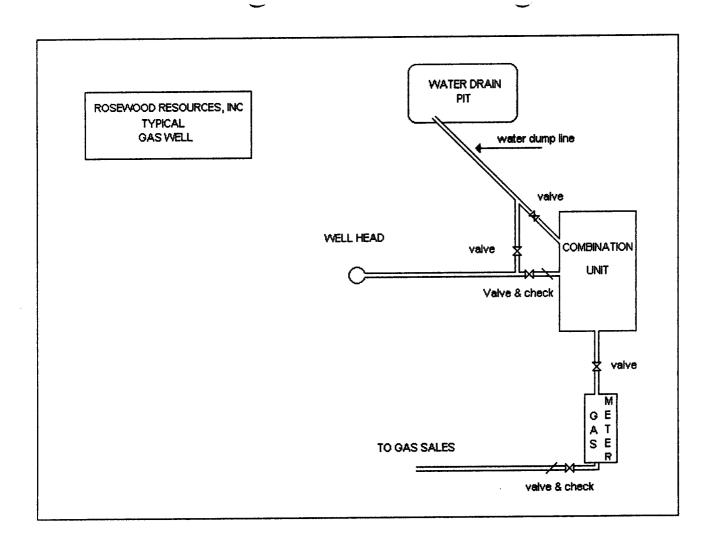
### Statement of use of Hazardous Material

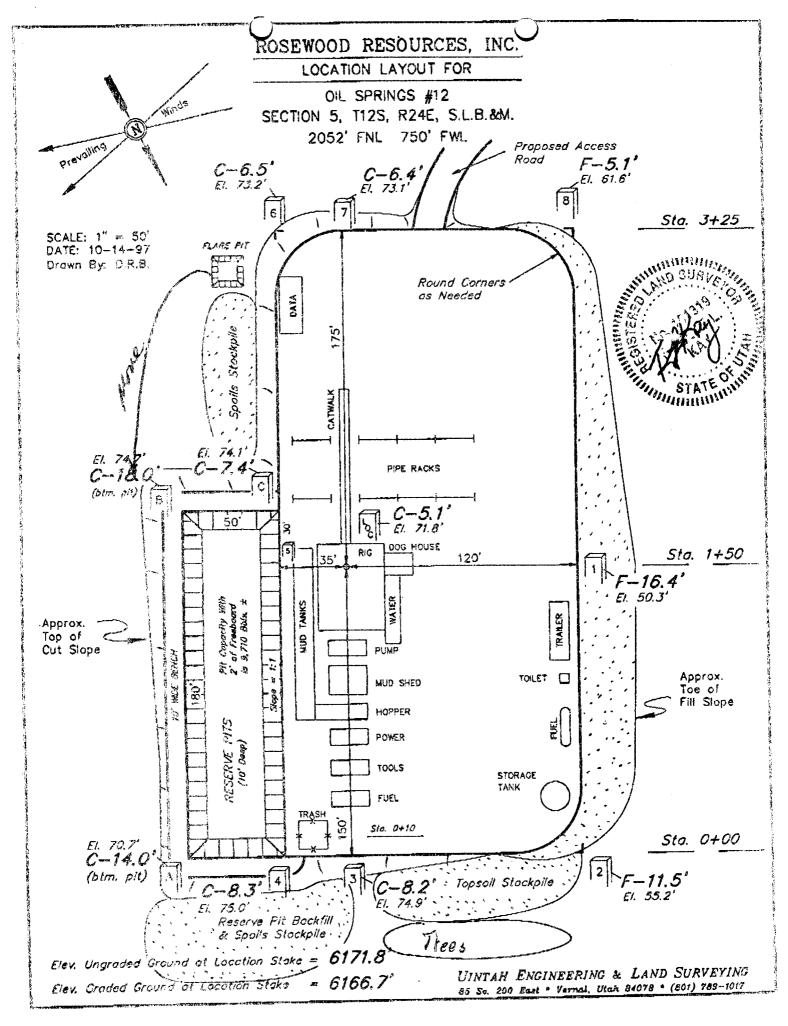
No chemical(s) from the EPA's Consolidated list of Chemicals subject to Reporting Under Title III of the Superfund Amendments and Reauthorization, Act (SARA) of 1986. will be used, produced, transported, stored, disposed, or associated with the proposed action, No extremely hazardous substances, as defined in 40 cfr 355, will be used, produced, stored, transported, disposed, or associated with the proposed action.

If you require additional information please contact:

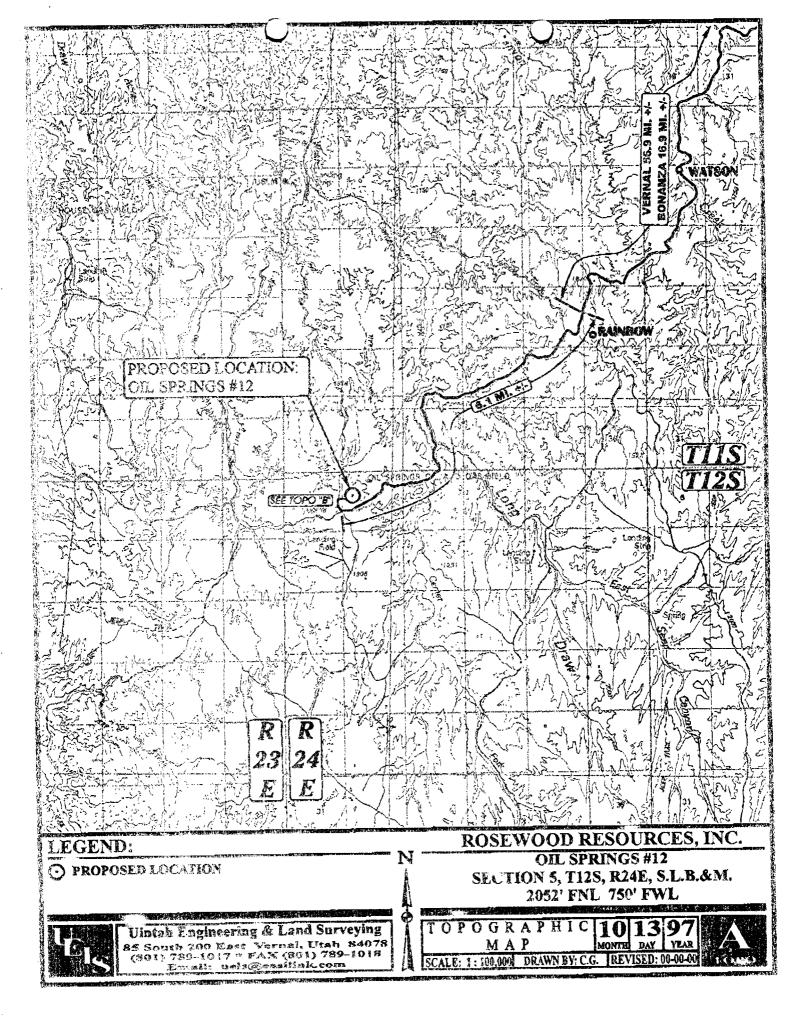
William A Ryan Agent for Rosewood Resources, Inc. Rocky Mountain Consulting 350 S. 800 E. Vernal Utah, 84078

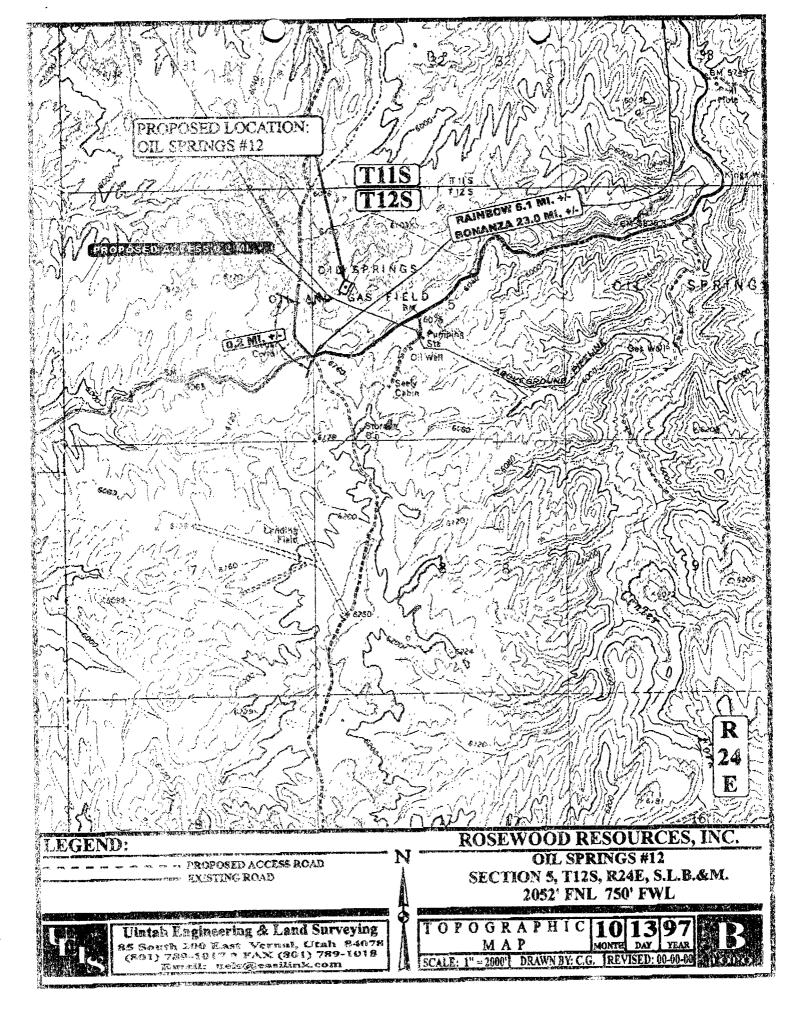
Telephone (801) 789-0968 office (801) 823-6152 cellular (801) 789-0970 fax

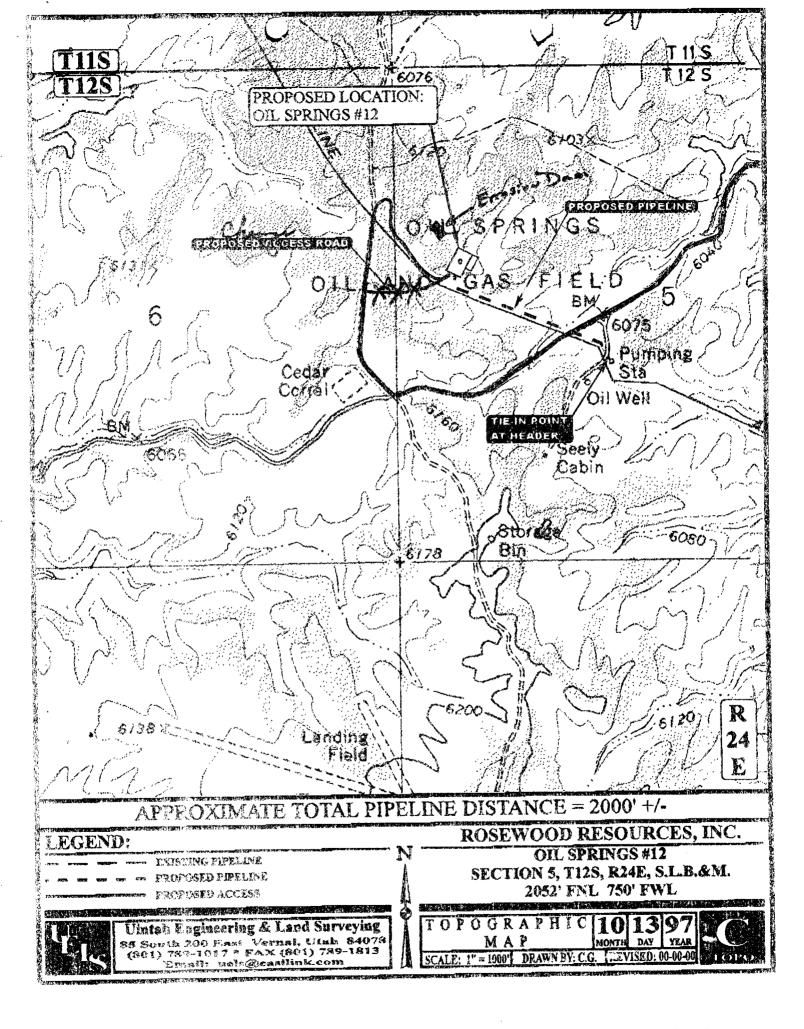




ROSEWOOD RESOURCES, INC. TYPICAL CROSS SECTIONS FOR 20, OIL SPRINGS #12 X-Section 11 SECTION 5, T12S, R24E, S.L.B.&M. Scale 2052' FNL 750' FWL 1" = 5Q' DATE: 10-14-97 Orewn By: O.R.B. 120' 35' Slope= 1 1/2:1 (Typ. except pit) CUT 3+25 STA. 120' 35' 50" LOCATION STAKE Finished Grade CUT STA. 1+50 120" 35 50' CUT 57A. 0+10 120' 95' FILL STA. 0+00 APPROXIMATE YARDAGES EXCESS MATERIAL AFTER = 2.360 Cu. Yds. 5% COMPACTION = 2,360 Cu. Yda. = 1,100 Cu. Yds. (6") Topsoil Stripping Topsoil & Pit Bockfill (1/2 Pit Vol.) = 9,690 Cu. Yds. Remaining Location Cu. Yds. EXCESS UNBALANCE (After Rehabilitation) = 10,790 CU.YDS. TOTAL CUT UINTAH ENGINEERING & LAND SURVEYING = 8,010 CU.YDS. FILL 85 So. 209 East " Vernal, Utah 84078 \* (801) 789-1017







## WORKSHEET APPLICATION FOR PERMIT TO DRILL

| APD RECEIVED: 01/20/98                                      | API NO. ASSIGNED: 43-047-33051                           |
|-------------------------------------------------------------|----------------------------------------------------------|
| WELL NAME: OIL SPRINGS #12 OPERATOR: ROSEWOOD RESOURCES (N7 | 7510)                                                    |
| PROPOSED LOCATION: SWNW 05 - T12S - R24E                    | INSPECT LOCATION BY: / /                                 |
| SURFACE: 2052-FNL-0750-FWL<br>BOTTOM: 2052-FNL-0750-FWL     | TECH REVIEW Initials Date                                |
| UINTAH COUNTY<br>OIL SPRINGS FIELD (635)                    | Engineering                                              |
| LEASE TYPE: FED<br>LEASE NUMBER: UTT - 08424A               | Geology<br>Surface                                       |
| PROPOSED PRODUCING FORMATION: WSTC                          |                                                          |
| RECEIVED AND/OR REVIEWED:                                   | LOCATION AND SITING:                                     |
| Plat Bond: Federal [/ State[] Fee[]                         | R649-2-3. Unit: <u>OIL SPRINGS</u><br>R649-3-2. General. |
| (Number <u>47-0621</u> )  ✓ Potash (Y/N)  ✓ Oil shale (Y/N) | R649-3-3. Exception.                                     |
| Water permit (Number <u>⊬9-1505</u> )  N RDCC Review (Y/N)  | Drilling Unit. Board Cause no:                           |
| (Date:)                                                     | Date:                                                    |
| COMMENTES                                                   |                                                          |
| COMMENTS:                                                   |                                                          |
|                                                             |                                                          |
| STIPULATIONS:                                               |                                                          |
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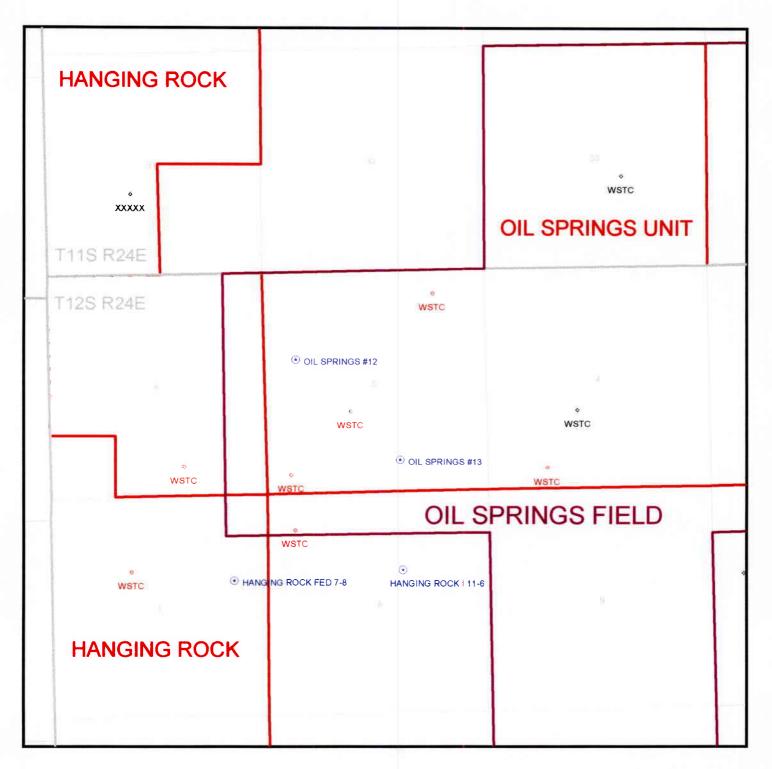


OPERATOR: ROSEWOOD (N7510)

FIELD: OIL SPRINGS (635)

SEC. TWP. RNG.: SEC. 5, T12S, R2#E

COUNTY: UINTAH UAC: R649-2-3 OIL SPRINGS UNIT



Michael O. Leavitt Governor Ted Stewart **Executive Director** Lowell P. Braxton Bivision Director 801-359-3940 (Fax) 801-538-7223 (TDD)

1594 West North Temple, Suite 1210 PO Box 145801 Salt Lake City, Utah 84114-5801 801-538-5340 801-359-3940 (Fax)

February 2, 1998

Rosewood Resources, Inc. 100 Crescent Court Ste 500 Dallas, TX 75301

Oil Springs Unit #12, 2052' FNL, 750' FWL, SW NW Re: SEC. 5, T. 12 S., R. 24 E., Uintah County, Utah

Gentlemen:

Pursuant to the provisions and requirements of Utah Code Ann. 40-6-1 et seq., Utah Administrative Code R649-3-1 et seq., and the attached Conditions of Approval, approval to drill the referenced well is granted.

This approval shall expire one year from the above date unless substantial and continuous operation is underway, or a request for extension is made prior to the expiration date. API identification number assigned to this well is 43-047-33051.

ohn R. Baza

Associate Director

ls

Enclosures

Uintah County Assessor

Bureau of Land Management, Vernal District Office

| Operator:   | Rosewood Resources, Inc. |               |                |       |  |
|-------------|--------------------------|---------------|----------------|-------|--|
| Well Name & | Number:                  | Oil Sp        | rings Uint #12 |       |  |
| API Number: | 43-047-33051             |               |                |       |  |
| Lease:      | UTU-08424A               |               |                |       |  |
| Location:   | SW NW                    | <b>Sec.</b> 5 | T. 12 S. R.    | 43 E. |  |

#### Conditions of Approval

- 1. General
  - Compliance with the requirements of Utah Admin. R. 649-1 et seq., the Oil and Gas Conservation General Rules, and the applicable terms and provisions of the approved Application for Permit to Drill.
- Notification Requirements
   Notify the Division within 24 hours following spudding the well or commencing drilling operations. Contact Jim Thompson at (801)538-5336.

Notify the Division prior to commencing operations to plug and abandon the well. Contact John R. Baza (801)538-5334.

3. Reporting Requirements

All required reports, forms and submittals shall be promptly filed with the Division, including but not limited to the Entity Action Form (Form 6), Report of Water Encountered During Drilling (Form 7), Weekly Progress Reports for drilling and completion operations, and Sundry Notices and Reports on Wells requesting approval of change of plans or other operational actions.

Form 3160-3

SUBMIT IN TRIVICATES (Other instru

Form approved. Budget Bureau No. 1004-0136

| DEDADTMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) At surface 2,052' FNL, 750' FWL, SW1/4, NW1/4, Sec. 5, T12S, R24E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| NE, FT.<br>, unit line, if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20. 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DATE WORK WILL START*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
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\*See Instructions On Reverse Side

## CONDITIONS OF APPROVAL APPLICATION FOR PERMIT TO DRILL

| Company/Operator: Rosewood Resources, Inc.                         |  |  |
|--------------------------------------------------------------------|--|--|
| Well Name & Number: Oil Springs 12                                 |  |  |
| API Number: 43-047-33051                                           |  |  |
| Lease Number: U-08424A                                             |  |  |
| Location: <u>SWNW</u> Sec. <u>05</u> T. <u>12 S</u> R. <u>24 E</u> |  |  |

## NOTIFICATION REQUIREMENTS

| Location Construction           | - | at least forty-eight (48) hours prior to construction of location and access roads.                                                           |
|---------------------------------|---|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Location Completion             | - | prior to moving on the drilling rig.                                                                                                          |
| Spud Notice                     | - | at least twenty-four (24) hours prior to spudding the well.                                                                                   |
| Casing String and<br>Cementing  | - | at least twenty-four (24) hours prior to running casing and cementing all casing strings.                                                     |
| BOP and Related Equipment Tests | - | at least twenty-four (24) hours prior to initiating pressure tests.                                                                           |
| First Production<br>Notice      | - | within five (5) business days after new well begins, or production resumes after well has been off production for more than ninety (90) days. |

For more specific details on notification requirements, please check the Conditions of Approval for Notice to Drill and Surface Use Program.

### CONDITIONS OF APPROVAL FOR NOTICE TO DRILL

Approval of this application does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

All lease and/or unit operations will be conducted in such a manner that full compliance is made with applicable laws, regulations (43 CFR 3100), Onshore Oil and Gas Orders, and the approved plan of operations. The operator is fully responsible for the actions of his subcontractors. A copy of these conditions will be furnished to the field representative by the operator to insure compliance.

Be aware fire restrictions may be in effect when location is being constructed and/or when well is being drilled. Contact the appropriate Surface Management Agency for information.

#### A. DRILLING PROGRAM

## 1. <u>Estimated Depth at Which Oil, Gas, Water, or Other Mineral Bearing Zones are Expected to be Encountered</u>

Report <u>ALL</u> water shows and water-bearing sands to Tim Ingwell of this office <u>prior to setting the next casing string or requesting plugging orders.</u> Faxed copies of State of Utah form OGC-8-X are acceptable. If noticeable water flows are detected, submit to this office any water analyses conducted.

All usable water and prospectively valuable minerals (as described by BLM at onsite) encountered during drilling, will be recorded by depth and adequately protected. All oil and gas shows will be tested to determine commercial potential.

## 2. <u>Pressure Control Equipment</u>

The BOP and related equipment shall meet the minimum requirements of Onshore Oil and Gas Order No. 2 for equipment and testing requirements, procedures, etc., for a **3M** system and individual components shall be operable as designed. Chart recorders shall be used for all pressure tests.

Test charts, with individual test results identified, shall be maintained on location while drilling and shall be made available to a BLM representative upon request.

If an air compressor is on location and is being utilized to provide air for the drilling medium while drilling, the special drilling requirements in Onshore Oil and Gas Order No. 2, regarding air or gas drilling shall be adhered to. If a mist system is being utilized then the requirement for a deduster shall be waived.

### 3. Casing Program and Auxiliary Equipment

If conductor pipe is set it will be cemented to surface. If drive pipe is used it will be pulled prior to cementing surface casing.

As a minimum, the usable water shall be isolated and/or protected by having a cement top for the production casing at least 200 ft. above the top of the Mahogany Oil Shale identified at ± 1142 ft. If gilsonite is encountered while drilling, it shall be isolated and/or protected via the cementing program.

### 4. Mud Program and Circulating Medium

Hazardous substances specifically listed by the EPA as a hazardous waste or demonstrating a characteristic of a hazardous waste will not be used in drilling, testing, or completion operations.

No chromate additives will be used in the mud system on Federal and Indian lands without prior BLM approval to ensure adequate protection of fresh water aquifers.

## 5. Coring, Logging and Testing Program

Daily drilling and completion progress reports shall be submitted to this office on a weekly basis.

All Drill Stem tests (DST) shall be accomplished during daylight hours, unless specific approval to start during other hours is obtained from the AO. However, DSTs may be allowed to continue at night if the test was initiated during daylight hours and the rate of flow is stabilized and if adequate lighting is available (i.e., lighting which is adequate for visibility and vaporproof for safe operations). Packers can be released, but tripping should not begin before daylight unless prior approval is obtained from the AO.

A cement bond log (CBL) will be run from the production casing shoe to  $\pm$  942 ft. and shall be utilized to determine the bond quality for the production casing. Submit a field copy of the CBL to this office.

Whether the well is completed as a dry hole or as a producer, "Well Completion and Recompletion Report and Log" (Form 3160-4) will be submitted not later than 30 days after completion of the well or after completion of operations being performed, in accordance with 43 CFR 3164. Two copies of all logs, core descriptions, core analyses, well-test data, geologic summaries, sample description, and all other surveys or data obtained and compiled during the drilling, workover, and/or completion operations, will be filed with Form 3160-4. Samples (cuttings, fluids, and/or gases) will be submitted when requested by the AO.

#### 6. Notifications of Operations

No location will be constructed or moved, no well will be plugged, and no drilling or workover equipment will be removed from a well to be placed in a suspended status without prior approval of the AO. If operations are to be suspended, prior approval of the AO will be obtained and notification given before resumption of operations.

The Vernal District Office shall be notified, during regular work hours (7:45 a.m.-4:30 p.m., Monday through Friday except holidays), at least 24 hours **prior** to spudding the well.

Operator shall report production data to MMS pursuant to 30 CFR 216.5 using form MMS/3160.

<u>Immediate Report</u>: Spills, blowouts, fires, leaks, accidents, or any other unusual occurrences shall be promptly reported in accordance with the requirements of NTL-3A or its revision.

If a replacement rig is contemplated for completion operations, a "Sundry Notice" (Form 3160-5) to that effect will be filed, for prior approval of the AO, and all conditions of this approved plan are applicable during all operations conducted with the replacement rig.

The date on which production is commenced or resumed will be construed for oil wells as the date on which liquid hydrocarbons are first sold or shipped from a temporary storage facility, such as a test tank, and for which a run ticket is required to be generated or, the date on which liquid hydrocarbons are first produced into a permanent storage facility, whichever first occurs; and, for gas wells as the date on which associated liquid hydrocarbons are first sold or shipped from a temporary storage facility, such as a test tank, and for which a run ticket is required to be generated or, the date on which gas is first measured through permanent metering facilities, whichever first occurs.

Should the well be successfully completed for production, the AO will be notified when the well is placed in a producing status. Such notification will be sent by telegram or other written communication, not later than five (5) days following the date on which the well is placed on production.

Gas produced from this well may not be vented or flared beyond an initial authorized test period of 30 days or 50 MMCF following its completion, whichever occurs first, without the prior written approval of the Authorized Officer. Should gas be vented or flared without approval beyond the authorized test period, the operator may be directed to shut-in the well until the gas can be captured or approval to continue venting or flaring as uneconomic is granted and the operator shall be required to compensate the lessor for that portion of the gas vented or flared without approval which is determined to have been avoidably lost.

A schematic facilities diagram as required by 43 CFR 3162.7-5 (b.9. d.), and shall be submitted to the appropriate District Office within sixty (60) days of installation or first production, whichever occurs first. All site security regulations as specified in Onshore Oil & Gas Order No. 3 shall be adhered to. All product lines entering and leaving hydrocarbon storage tanks will be effectively sealed in accordance with 43 CFR 3162.7-5 (b. 4).

No well abandonment operations will be commenced without the prior approval of the AO. In the case of newly drilled dry holes or failures, and in emergency situations, oral approval will be obtained from the AO. A "Subsequent Report of Abandonment" Form 3160-5, will be filed with the AO within thirty (30) days following completion of the well for abandonment. This report will indicate where plugs were placed and the current status of surface restoration. Final abandonment will not be approved until the surface reclamation work required by the approved APD or approved abandonment notice has been completed to the satisfaction of the AO or his representative, or the appropriate Surface Managing Agency.

#### 7. Other Information

All loading lines will be placed inside the berm surrounding the tank battery.

All off-lease storage, off-lease measurement, or commingling on-lease or off-lease will have prior written approval from the AO.

The oil and gas measurement facilities will be installed on the well location. The oil and gas meters will be calibrated in place prior to any deliveries. Tests for meter accuracy will be conducted following initial installation and at least quarterly thereafter. The AO will be provided with a date and time for the initial meter calibration and all future meter proving schedules. A copy of the meter calibration reports will be submitted to the Vernal District Office. All meter measurement facilities will conform with Onshore Oil & Gas Order No. 4 for liquid hydrocarbons and Onshore Oil & Gas Order No. 5 for natural gas measurement.

The use of materials under BLM jurisdiction will conform to 43 CFR 3610.2-3.

There will be no deviation from the proposed drilling and/or workover program without prior approval from the AO. Safe drilling and operating practices must be observed. All wells, whether drilling, producing, suspended, or abandoned will be identified in accordance with 43 CFR 3162.

"Sundry Notice and Report on Wells" (Form 3160-5) will be filed for approval for all changes of plans and other operations in accordance with 43 CFR 3162.3-2.

Section 102(b)(3) of the Federal Oil and Gas Royalty Management Act of 1982, as implemented by the applicable provisions of the operating regulations at Title 43 CFR 3162.4-1(c), requires that "not later than the 5th business day after any well begins production on which royalty is due anywhere on a lease site or allocated to a lease site, or resumes production in the case of a well which has been off production for more than 90 days, the operator shall notify the authorized officer by letter or sundry notice, Form 3160-5, or orally to be followed by a letter or sundry notice, of the date on which such production has begun or resumed."

If you fail to comply with this requirement in the manner and time allowed, you shall be liable for a civil penalty of up to \$10,000 per violation for each day such violation continues, not to exceed a maximum of 20 days. See Section 109(c)(3) of the Federal Oil and Gas Royalty Management Act of 1982 and the implementing regulations at Title 43 CFR 3162.4-1(b)(5)(ii).

APD approval is valid for a period of one (1) year from the signature date. An extension period may be granted, if requested, prior to the expiration of the original approval period.

In the event after-hours approval or notification is necessary, please contact one of the following individuals:

| Wayne Bankert<br>Petroleum Engineer | (801) 789-4170 |
|-------------------------------------|----------------|
| Ed Forsman<br>Petroleum Engineer    | (801) 789-7077 |
| Jerry Kenczka<br>Petroleum Engineer | (801) 781-1190 |
| BLM FAX Machine                     | (801) 781-4410 |

## EPA'S LIST OF NONEXEMPT EXPLORATION AND PRODUCTION WASTES

While the following wastes are nonexempt, they are not necessarily hazardous.

- Unused fracturing fluids or acids
- Gas plant cooling tower cleaning wastes
- Painting wastes
- Oil and gas service company wastes, such as empty drums, drum rinsate, vacuum truck rinsate, sandblast media, painting wastes, spend solvents, spilled chemicals, and waste acids
- Vacuum truck and drum rinsate from trucks and drums, transporting or containing nonexempt waste
- Refinery wastes
- Liquid and solid wastes generated by crude oil and tank bottom reclaimers
- Used equipment lubrication oils
- Waste compressor oil, filters, and blowdown
- Used hydraulic fluids
- Waste solvents
- Waste in transportation pipeline-related pits
- Caustic or acid cleaners
- Boiler cleaning wastes
- Boiler refractory bricks
- Incinerator ash
- Laboratory wastes
- Sanitary wastes
- Pesticide wastes
- Radioactive tracer wastes
- Drums, insulation and miscellaneous solids.

COA's Page 8 of 8 Well: Oil Springs 12

# SURFACE USE PROGRAM Conditions of Approval (COAs)

-Access roads and surface disturbing activities will conform to standards outlined in the Bureau of Land Management and Forest Service publication: Surface Operating Standards for Oil and Gas Exploration and Development, (1989).

- -The road shall be constructed/upgraded to meet the standards of the anticipated traffic flow and all-weather road requirements. Construction/upgrading shall include ditching, draining, and crowning (2 to 3%). Graveling or capping the roadbed will be required as necessary to provide a well constructed safe road. Prior to construction/upgrading, the proposed road surface or existing road shall be cleared of any snow cover and allowed to dry completely. Traveling off the 30 foot right-of-way will not be allowed. Should mud holes develop, they shall be filled in to prevent detours. Road drainage crossings shall be of the typical dry creek drainage crossing type. Crossings shall be designed so they will not cause siltation or accumulation of debris in the drainage crossing nor shall the drainages be blocked by the roadbed. Erosion of drainage ditches by runoff water shall be prevented by diverting water off at frequent intervals by means of cutouts. Upgrading shall not be allowed during muddy conditions. When snow is removed from the road during the winter months, the snow should be pushed outside of the burrow ditches and the turn outs should be kept clear so that when the snow melts the water will be channeled away from the road.
- -The operator will control noxious weeds along rights-of-way for roads, pipelines, well sites, or other applicable facilities. A list of noxious weeds may be obtained from the BLM, or the appropriate County Extension Office. On BLM administered land it is required that a Pesticide Use Proposal shall be submitted, and given approval, prior to the application of herbicides or other pesticides or possible hazardous chemicals.
- -Drilling rigs and/or equipment used during drilling operations on this well site will not be stacked or stored on Federal Lands after the conclusion of drilling operations or at any other time without BLM authorization. However, if BLM authorization is obtained, it is only a temporary measure to allow time to make arrangements for permanent storage on commercial facilities. (The BLM does not seek to compete with private industry. There are commercial facilities available for stacking and storing drilling rigs).
- -All facilities on the location will be painted juniper green instead of desert brown as specified in the APD.
- -An erosion dam will be constructed in the drainage to the west of the location as specified at the onsite.
- -The location topsoil pile should be seeded immediately after the soil is piled by broadcasting the seed, then walking the topsoil pile with the dozer to plant the seed. The seed mix is provided in the APD. All poundages are in Pure Live Seed.
- -Once the reserve pit is dry, it should be filled, recontoured, topsoil spread, and seeded in the same manner discussed above.

|                                                    | DEPARTMENT OF<br>BUREAU OF LAND<br>NOTICES AND REPORT   | O MANAGEMENT<br>TS ON WELLS                                                                                                                     | FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993  5. Lease Designation and Serial No. UTU-08424A  6. If Indian, Allottee or Tribe Name |
|----------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Do not use this form fo                            | or proposals to drill or to de<br>PPLICATION FOR PERMIT | epen or reenter a different reservoir" for such proposals                                                                                       | NA NA                                                                                                                                                   |
|                                                    |                                                         |                                                                                                                                                 | 7. If Unit or CA, Agreement Designation                                                                                                                 |
|                                                    | SUBMIT IN TRIP                                          | PLICATE                                                                                                                                         | Oil Springs Unit                                                                                                                                        |
|                                                    | SUBMIT IN TIME                                          | LIOATE                                                                                                                                          | -                                                                                                                                                       |
| 1. Type of Well                                    |                                                         |                                                                                                                                                 | 8. Well Name and No.                                                                                                                                    |
| Oil Gas                                            |                                                         |                                                                                                                                                 | Oil Springs #12                                                                                                                                         |
| Well X Well                                        | Other                                                   |                                                                                                                                                 | 9. API Well No.                                                                                                                                         |
|                                                    |                                                         |                                                                                                                                                 | 43-047-33051                                                                                                                                            |
| 2. Name of Operator<br>ROSEWOOD RESO               | URCES, INC.                                             |                                                                                                                                                 | 10. Field and Pool, or Exploratory Area                                                                                                                 |
| 3. Address and Telephone N                         | 0.                                                      |                                                                                                                                                 |                                                                                                                                                         |
| P.O. Box 1668, Verna                               | A11 O 1                                                 | 435-789-0414                                                                                                                                    | 11. County or Parish, State                                                                                                                             |
| 4. Location of Well (Footage<br>2052' FNL 750' FWL | Sec., T., R., M., or Survey De<br>SW/NW Section 5, T12  | escription)<br>S, R24E                                                                                                                          | UINTAH CO., UTAH                                                                                                                                        |
| 42 CL                                              | ECK APPROPRIATE BOX                                     | ((es) TO INDICATE NATURE OF NOT                                                                                                                 | ICE, REPORT, OR OTHER DATA                                                                                                                              |
|                                                    | UBMISSION                                               | TYF                                                                                                                                             | PE OF ACTION                                                                                                                                            |
| Notice X Subs                                      | e of Intent<br>equent Report<br>Abandonment Notice      | Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other SPUD (Note: Report results of multiple Completion or Recompletion Re | port and Log form.)                                                                                                                                     |
| work. If well is directions Operator reports th    | e above referenced w                                    | state all pertinent details, and give pertinent ations and measured and true vertical deptherell was spud on 2/19/98 @ 8:00                     | dates, including estimated date of starting any proposed is for all markers and zones pertinent to this work.)*  a.m. by Bill Jr's Rathole Service.     |
| (See attached repo                                 | ort for setting of surfac                               |                                                                                                                                                 | FEB 24 1998 OF OIL, GAS & MINING                                                                                                                        |

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14. I hereby certify that the foregoing is true and correct
Signed Title Administrative Assistant Date 02/23/98

(This space for Federal or State office use)
Approved by \_\_\_\_\_\_\_ Title \_\_\_\_\_\_ Date
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States andy false, fictitious or fraudulent

statements or representations as to any mater within its jurisdiction.

| LEASE: O     | IL SPRINGS           | DATE 2/20/98                          | CURRENT                                 | DEPTH            | 329'                   |
|--------------|----------------------|---------------------------------------|-----------------------------------------|------------------|------------------------|
| WELL:        | 12                   |                                       |                                         | TVD              |                        |
|              |                      |                                       | FOOTAGE PA                              | ST 24 HRS        | 79'                    |
| Present Or   | neration: Waitin     | g on drilling rig & w                 |                                         |                  | D.WIDNER               |
| 1 1000111 01 | Jordan Traini        | g 011 drinning 11g a. 11              |                                         |                  | Bill Ryan              |
| FROM T       | о                    | ACTIVITY PAS                          |                                         |                  |                        |
| 700 1        | 100 Bill Jr. Rathole | Drilling, Inc. TD @ 336'              | w/11" hole. PU 8                        | ran 8 its of 8   | -5/8" csg to 329'      |
|              | w/float collar 1     | it off bottom @ 286'. Dri             | lled rat and mouse                      | e hole           |                        |
| 1100         | 130 RU BJ, pumpe     | ed cement. Pumped 145                 | sx Class "G" + 29                       | 6 CaCl2 + 1/4    | #/sk celloflake - good |
|              | returns to surf      | ace. Green cement to su               | rface w/13 bbls re                      | maining on dis   | splacement. Stopped    |
|              | 1 bbl short on       | displacement, cement fell             | back, pumped 1/                         | 2 bbl w/no reti  | ırns, cement           |
|              |                      | , pumped 1/2 bbl, bumpe               | d plug @ 400 psi,                       | , bled off press | sure to 100 psi,       |
|              | SWI. Cement          | staying @ surface.                    |                                         |                  |                        |
|              |                      |                                       |                                         |                  |                        |
|              |                      |                                       |                                         |                  |                        |
|              |                      |                                       |                                         |                  |                        |
|              |                      |                                       |                                         |                  |                        |
| <u> </u>     |                      |                                       |                                         |                  | <del>.</del>           |
|              |                      |                                       |                                         |                  |                        |
| <del></del>  |                      | · · · · · · · · · · · · · · · · · · · |                                         |                  |                        |
|              |                      |                                       | *************************************** | . 42.5.          |                        |
|              | MUI                  | D PROPERTIES                          |                                         | DAIL             | Y COSTS:               |
| WT [         |                      | Ca+                                   |                                         |                  |                        |
| VIS          | %SAND                | cake                                  |                                         | YWORK            | 9973                   |
| WL -         | %SOLID               | T pH                                  | <b></b>                                 | CATION           |                        |
| HTHP         | ALK                  | Daily Mud Cost                        | - MU                                    |                  |                        |
|              |                      | Cum Mud cost                          | <del></del>                             | MOVE             |                        |
| PV           | <sup>()-</sup>       |                                       |                                         | RVEYOR           |                        |
| YP           |                      |                                       |                                         |                  |                        |
|              |                      |                                       |                                         | GGING            |                        |
| PUMP DATA    | •                    | Hydraulics:                           |                                         | D LOG            | 4411                   |
|              | 1 2                  | <del></del> -                         |                                         | MENTING          | 4411                   |
| MAKE         |                      | WOB                                   |                                         | HING             |                        |
| MODEL        |                      | RPM                                   |                                         | TER              |                        |
| LINER        |                      | GPM                                   | FUI                                     | EL               |                        |
| SPM          |                      |                                       | ВІТ                                     | 'S               |                        |
| PSI          |                      |                                       | RE                                      | NTALS            |                        |
| <del></del>  |                      | <del></del>                           | CA                                      | SING             | 3027                   |
| BIT RECOR    | D:                   | SURVEY DATA:                          | SU                                      | PERVISION        | 350                    |
| 5            |                      |                                       | CA                                      | SING HEAD        |                        |
| Bit #        |                      | DEPTH DEGREES                         |                                         |                  |                        |
| Ser#         |                      |                                       | то                                      | TAL DAILY        | 17761                  |
| Size         |                      |                                       |                                         | ST FORWAR        |                        |
|              |                      |                                       |                                         | M.TO DATE        | 26097                  |
| Make         |                      |                                       | 00                                      | W. TO DATE       |                        |
| Type<br>Jets |                      | <del>   </del>                        |                                         |                  |                        |
| In @         |                      | H A                                   | DITIONAL COM                            | MENTS:           |                        |
| Out @        |                      |                                       |                                         |                  |                        |
| Feet         |                      |                                       |                                         |                  |                        |
| Hrs          |                      |                                       |                                         |                  |                        |
| Ft/Hr        |                      |                                       |                                         |                  |                        |
| CUM          |                      |                                       |                                         |                  |                        |
| Grade        |                      |                                       |                                         |                  |                        |

ROSEWOOD RESOURCES, INC. ADDRESS \_ P.O. Box 1668 Vernal, UT 84078

OPERATOR ACCT. NO. N 7510

| ACTION            |            |                   | <del></del> .                                        | <del>,</del>                 |          |        |          |              |              |                  |           |
|-------------------|------------|-------------------|------------------------------------------------------|------------------------------|----------|--------|----------|--------------|--------------|------------------|-----------|
| ACTION<br>CODE    | CURRENT    | HEH<br>ENTITY NO. | API NUMBER                                           | WELL NAME                    |          |        | VFI I    | LOCATIO      | M            | CDUD             | FEEFERING |
|                   |            | EIIIII NO.        | ļ                                                    |                              | QQ       | SC     | TP       | RG           | COUNTY       | SPUD<br>Date     | EFFECTIVE |
| B                 | 99999      | 12305             | 4304732937                                           | Hanging Rock F #7-8          | SENE     | 7      | 128      | 24E          | Uintah       | 2 20 00          |           |
| WELL 1 C          | DMMENTS:   |                   |                                                      |                              | <u> </u> | 1      | <u> </u> | <del>'</del> | <del>'</del> | 2-20-98          | 12-720-98 |
|                   | T          | Add to            | Hanging Ro                                           | ck Unit Enlity added         | 3-10-9   | 18; h  | nit a    | vell i       | non P.A. y   | ic               | :         |
| B                 | 00000      | 12306             |                                                      |                              |          |        |          | T            |              |                  | T :       |
| ¹ 、 <del></del> ! | 99999<br>  | 12300             | 14304732935                                          | Hanging Rock I #11-8         | SENE     | 11     | 12S      | 23E          | Uintah       | 2-22-98          | 2 22 00   |
| ,                 | מושבווו 2: |                   |                                                      | - 11                         | 1 -      |        |          |              |              | - <u>- 22-50</u> | · /=//=9) |
|                   | r          | Add to            | Hanging Roo                                          | ck Unit Entity added         | d 3-10-  | 98 ; 1 | un:t     | we //        | non P.A.     | Lic              |           |
| В                 | _99999     | 12122             | 420472225                                            |                              |          |        |          |              |              |                  | l         |
| WELL 3 CO         | 7 7 7 1    | 1 12133           | 4304733051                                           | Oil Springs #12              | SWNW     | 5      | 12S      | 24E          | Uintah       | 2-19-98          | 2-19-98   |
|                   |            | Add to            | Oil Springs                                          | Entity ædde<br>s unig        | d 3.10-  | -98;0  | :1 spr.  | ngs b        | Init/wstck   |                  |           |
|                   |            |                   |                                                      |                              |          |        |          |              |              |                  |           |
| WELL 4 CO         | MHF HT C · | <u> </u>          | <u>[</u>                                             |                              |          |        |          |              |              |                  |           |
|                   |            |                   |                                                      |                              |          |        |          |              |              |                  |           |
| )                 |            |                   |                                                      |                              |          |        |          |              |              | ·                |           |
| WELL 5 CO         | OHMENTS:   |                   |                                                      |                              |          |        |          |              |              |                  |           |
| ACTION CO         | use (c.    |                   |                                                      |                              |          |        |          |              |              |                  |           |
| A -               | tstablish  | new entity        | on back of form) for new well (sin ing entity (group | gle well only) or unit well) |          |        |          |              | Luc          | Ner              | nu        |

C - Re-assign well from one existing entity to another existing entity

D - Re-assign well from one existing entity to a new entity

E - Other (explain in comments section)

HOTE: Use COMMENT section to explain why each Action Code was selected. (3/89)

MAR 06 1998 DIV. OF OIL, GAS & MINING

Admin. Assistant

Phone No. (435) 789-0414

(June 1990)

## **UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT**

|   |       | APPRO  | VEL | ,         |
|---|-------|--------|-----|-----------|
| В | udget | Bureau | No. | 1004-0135 |

Expires: March 31, 1993

| _  |       |             |            |     |
|----|-------|-------------|------------|-----|
| 5. | Lease | Designation | and Serial | No. |

| SUNDRY | NOTICES | AND RE | PORTS | ON | WELL | _S |
|--------|---------|--------|-------|----|------|----|
|--------|---------|--------|-------|----|------|----|

| SUNDRY NOTICES AND REPOR                                      | 19 ON WELLS                                  | U1U-08424A                                          |  |  |  |
|---------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|--|--|--|
| Do not use this form for proposals to drill or to d           | eepen or reenter a different reservoir.      | 6. If Indian, Allottee or Tribe Name                |  |  |  |
| Use "APPLICATION FOR PERMI                                    | •                                            | NA                                                  |  |  |  |
|                                                               |                                              |                                                     |  |  |  |
|                                                               |                                              | 7. If Unit or CA, Agreement Designation             |  |  |  |
| SUBMIT IN TRI                                                 | PLICATE                                      | Oil Springs Unit                                    |  |  |  |
| 1. Type of Well                                               |                                              |                                                     |  |  |  |
|                                                               |                                              | 8. Well Name and No.                                |  |  |  |
| Oil Gas<br>Well X Well Other                                  |                                              | Oil Springs #12                                     |  |  |  |
| Weil A Weil Other                                             |                                              | 9. API Well No.                                     |  |  |  |
| 2 Name of Operator                                            |                                              | 43-047-33051                                        |  |  |  |
| 2. Name of Operator ROSEWOOD RESOURCES, INC.                  |                                              | 10. Field and Pool, or Exploratory Area             |  |  |  |
| 3. Address and Telephone No.                                  |                                              | Total and Fool, of Exploratory Area                 |  |  |  |
| P.O. Box 1668, Vernal, UT                                     | 435-789-0414                                 | 11. County or Parish, State                         |  |  |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey D   |                                              |                                                     |  |  |  |
| 2052' FNL 750' FWL, SW/NW Section 5, T12                      |                                              | UINTAH CO., UTAH                                    |  |  |  |
|                                                               | ·                                            |                                                     |  |  |  |
|                                                               | X(es) TO INDICATE NATURE OF NOTIC            |                                                     |  |  |  |
| TYPE OF SUBMISSION                                            | TYPE                                         | OF ACTION                                           |  |  |  |
|                                                               |                                              | <b>—</b>                                            |  |  |  |
| Notice of Intent                                              | Abandonment                                  | Change of Plans                                     |  |  |  |
|                                                               | Recompletion                                 | New Construction                                    |  |  |  |
| X Subsequent Report                                           | Plugging Back                                | Non-Routine Fracturing                              |  |  |  |
|                                                               | Casing Repair                                | Water Shut-Off                                      |  |  |  |
| Final Abandonment Notice                                      | Altering Casing                              | Conversion to Injection                             |  |  |  |
|                                                               | Other Weekly Status                          | Dispose Water                                       |  |  |  |
|                                                               | (Note: Report results of multiple co         |                                                     |  |  |  |
| 13. Describe Proposed or Completed Operations (Clearly        | Completion or Recompletion Repo              |                                                     |  |  |  |
| work. If well is directionally drilled, give subsurface local | ations and measured and true vertical depths | for all markers and zones pertinent to this work.)* |  |  |  |
| , , , , , , , , , , , , , , , , , , , ,                       | ,                                            | •                                                   |  |  |  |
| See attached rig reports.                                     |                                              |                                                     |  |  |  |
| ood allading reperter                                         | 1                                            | a) IE COTE II RITTER                                |  |  |  |
|                                                               | •                                            |                                                     |  |  |  |
|                                                               |                                              |                                                     |  |  |  |
|                                                               |                                              | \\   MAR 18 1998      /                             |  |  |  |
|                                                               | [¿.                                          | 30                                                  |  |  |  |
|                                                               | r                                            | DIV. OF OIL GAS & MINING                            |  |  |  |
|                                                               | i L                                          | ALV. OF UIL IDAN & MENUNG                           |  |  |  |

| COPIES: ORIG. & 2-BLM; DIV. OG&M J MCQUILLEN                               | <u> </u>                       |       |          |
|----------------------------------------------------------------------------|--------------------------------|-------|----------|
| 4. I hereby certify that the foregoing is true and correct                 |                                |       |          |
| Signed Lucy Neme                                                           | Title Administrative Assistant | Date_ | 03/16/98 |
| (This space for Federal of State office Use) Approved by  Utah Division of |                                | ****  |          |
| Approved by Utah Division of                                               | Title                          | Date  |          |
| Conditions of approva Oity Gas and Mining                                  |                                |       |          |

FOR RECORD ONLY

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States andy false, fictitious or fraudulent statements or representations as to any mater within its jurisdiction.

| LEASE            | : OIL S  | PRINGS   | 5            | DATE    | 3/8/98      | CURRENT     | DEPTH        | 467              | _         |
|------------------|----------|----------|--------------|---------|-------------|-------------|--------------|------------------|-----------|
| WELL:            |          | #12      |              |         |             |             | TVĐ          |                  |           |
|                  |          |          |              |         |             | FOOTAGE     | PAST 24 HRS  | 167'             | _         |
| Present          | Operat   | ion: DR  | ILLING       |         |             |             | ENGINEER     | D.WIDNER         |           |
| 1 1000110        | Opola    |          |              |         |             |             | CONSULTANT   | TOM THURSTON     |           |
| FROM             | то       |          |              |         |             | T 24 HRS:   |              |                  |           |
| 700              | 1100     | MIRU CA  | ZA DRILLIN   | IG RIG# | 56          |             |              |                  |           |
| 1100             | 1300     | N/LLBOP  | 9            |         |             |             |              |                  |           |
| 1300             | 2400     | PRESSU   | RE TEST S    | URFACE  | CSGTO       | 1500# HELI  | DOK! TEST AL | L BOPE EQUIP. TO | 3000# OK! |
| 2400             | 200      | P/U BIT# | 1 & RIH W    | / DC'S  |             |             |              |                  |           |
| 200              |          |          | JMP LINES    |         |             |             |              |                  |           |
| 400              |          |          | IT & SHOE    |         |             |             |              |                  |           |
| 430              | 700      | DRLG TO  | 467'         |         |             |             |              | .,               |           |
|                  |          |          |              |         |             |             |              |                  |           |
|                  |          |          |              |         |             |             |              | <del></del>      |           |
|                  |          |          |              |         |             |             |              | . <del> </del>   |           |
|                  |          |          |              |         |             |             |              | <del> </del>     |           |
|                  |          |          |              |         |             |             | ·            |                  |           |
|                  |          |          |              |         |             |             |              | <u>-</u>         |           |
|                  |          |          |              |         |             |             |              |                  |           |
| <u></u>          | <u> </u> | L        | <del> </del> |         |             |             |              |                  |           |
|                  |          |          | MUD PRO      | DERTIES |             |             | DAII         | LY COSTS:        |           |
| \A/ <del>T</del> | -        | ] % OIL  | Ca           |         | · —         | 7           |              |                  |           |
| WT               | - 8      |          | cak          |         | -           | -           | DAYWORK      | 341              | 8         |
| VIS              |          | %SAND    |              |         | -           | -           | LOCATION     |                  |           |
| WL               | ļ        | %SOLID   | pH           |         |             |             | MUD          | 36               | 0         |
| HTHP             |          | ALK      |              | Mud Cos |             | _           | RIG MOVE     | 2900             |           |
| PV               |          | CI-      | Cum          | Mud cos | ٠ <u>ــ</u> |             |              | 121              |           |
| ΥP               |          | ]        |              |         |             |             | TESTING      | 121              | r         |
|                  |          |          |              |         |             |             | LOGGING      |                  |           |
| PUMP D           | ATA;     |          |              | Hydra   | ulics:      |             | MUD LOG      |                  |           |
|                  | 1        | 2        |              | •       |             |             | CEMENTING    |                  |           |
| MAKE             | Omega    | Emsco    |              | WOB     | 28K         |             | FISHING      |                  |           |
| MODEL            | 750      | 500      |              | RPM     | 55          |             | WATER        |                  |           |
| LINER            | 8X6 1/2  |          |              | GPM     | 3           |             | FUEL         |                  |           |
| SPM              | 0.00 172 | 1.70     |              |         |             |             | BITS         |                  |           |
|                  | 630#     |          | ł            |         |             |             | RENTALS      |                  |           |
| PSI              | 030#     | L        | J            | 1       |             |             | CASING       |                  |           |
|                  |          |          | 0115         |         | ΤΑ.         |             | SUPERVISION  | 50               | 00        |
| BIT RE           | CORD:    |          | 501          | RVEY DA | ı A.        |             | CASING HEAD  |                  |           |
|                  |          |          |              |         |             |             | CASINGTILAD  |                  |           |
| Bit#             | 1        |          | DEF          | TH DEG  | REES<br>I   |             | TOTAL DAILY  | 3449             | 15        |
| Ser#             | 703179   | )        |              |         | Į           |             | TOTAL DAILY  |                  |           |
| Size             | 7 7/8"   |          |              |         | l           |             | COST FORWA   |                  |           |
| Make             | Security | 1        |              |         | !           |             | CUM.TO DATE  | 0030             | 94        |
| Туре             | ERA/18   |          |              |         |             |             |              |                  |           |
| Jets             | 3X13     |          |              |         |             |             |              |                  |           |
| In @             | 300'     |          |              |         | Į AI        | DDITIONAL ( | COMMENTS:    |                  |           |
| Out @            |          |          |              |         | 1           |             |              |                  |           |
| Feet             | 167'     |          | <u> </u>     |         | 1           |             |              |                  |           |
| Hrs              | 2        |          | <u> </u>     |         | 1           |             |              |                  |           |
| Ft/Hr            |          |          |              |         | 4           |             |              |                  |           |
| CUM              |          |          | <u> </u>     |         | -           |             |              |                  |           |
| Grade            |          |          | ı            | 1       | 1           |             |              |                  |           |

| LEASE:<br>WELL: |         | PRINGS<br>#12                                    | DATE          | 3/9/98   | CURREN   | TVD                                     |                          |
|-----------------|---------|--------------------------------------------------|---------------|----------|----------|-----------------------------------------|--------------------------|
| Present         | Opera   | tion: DRILLIN                                    | G             |          |          | E PAST 24 HRS<br>ENGINEER<br>CONSULTANT | D.WIDNER<br>TOM THURSTON |
| FROM            | TO      |                                                  | ACTIV         | ITY PAST | 24 HRS:  |                                         |                          |
| 700             | 1230    | DRLG TO 774'                                     |               |          |          |                                         |                          |
| 1230            | 1300    | SURVEY 3/4* @                                    |               |          |          |                                         |                          |
| 1300            |         | TRIP FOR BIT #                                   | 2 FUNC        | TION TES | T BOP    |                                         | <u> </u>                 |
| 1500            | 2100    | DRLG TO 1290'                                    |               |          |          |                                         |                          |
| 2100            | 2130    | SURVEY 1 3/4*                                    | @ 1290'       |          |          |                                         |                          |
| 2130            |         | DRLG TO 1825'                                    |               |          |          |                                         |                          |
| 115             | 130     | SURVEY 1* @                                      | 1784'         |          |          |                                         | . <u> </u>               |
| 130             |         | <b>DRLG TO 2322'</b>                             |               |          |          |                                         |                          |
| 530             |         | SURVEY 1 3/4*                                    | @ 2281'       |          |          |                                         |                          |
| 545             | 700     | <b>DRLG TO 2416</b> '                            |               |          |          |                                         |                          |
|                 |         |                                                  |               |          |          |                                         |                          |
|                 |         |                                                  |               |          |          |                                         |                          |
|                 |         |                                                  |               |          |          |                                         | <u></u>                  |
|                 |         |                                                  |               |          |          |                                         |                          |
|                 |         |                                                  |               |          |          |                                         |                          |
|                 |         |                                                  | PROPERTIES    |          | -        | DAI                                     | LY COSTS:                |
| WT [            | 9       | % OIL                                            | Ca+           | 80       | 4        |                                         | 24646                    |
| VIS             | 36      | %SAND 1/8                                        | cake          | 2        |          | DAYWORK                                 | 34646                    |
| WL              | 12      | %SOLID 3                                         | рH            | 10       |          | LOCATION                                |                          |
| HTHP            |         | ALK                                              | Daily Mud Cos | t 205    | 7        | MUD                                     | 2057                     |
| PV              | 13      |                                                  | Cum Mud cost  |          | 7        | RIG MOVE                                |                          |
| YP              | 7       | 1 " 1                                            |               |          |          | TESTING                                 |                          |
| ור ן            |         | ) <u> </u>                                       |               |          |          | LOGGING                                 |                          |
|                 |         |                                                  | 11            |          |          | MUD LOG                                 |                          |
| PUMP DA         | ATA;    |                                                  | Hydra         | ulics.   |          | ·                                       |                          |
|                 | 1       | 2                                                | r             |          |          | CEMENTING                               |                          |
| MAKE            | Omega   | Emsco                                            | WOE           |          |          | FISHING                                 |                          |
| MODEL           | 750     | 500                                              | RPM           | 55       |          | WATER                                   |                          |
| LINER           | 8X6 1/2 | 7X6                                              | GPM           | 3        |          | TRUCKING                                | 487                      |
| SPM             |         | <del>                                     </del> |               |          |          | BITS                                    | 500                      |
| PSI             | 630#    | <del> </del>                                     |               |          |          | RENTALS                                 |                          |
| P31             | 030#    | <u> </u>                                         | ı             |          |          | CASING                                  |                          |
|                 |         |                                                  | 01101517047   | FA.      |          | SUPERVISION                             | 500                      |
| BIT REC         | ORD:    |                                                  | SURVEY DAT    | IA:      |          |                                         |                          |
|                 |         |                                                  |               |          |          | CASING HEAD                             |                          |
| Bit #           | 1       | 2                                                | DEPTH DEG     | REES     |          |                                         | 00400                    |
| Ser#            | 703179  | 33909                                            | 774' 1        |          |          | TOTAL DAILY                             | 38190                    |
| Size            | 7 7/8"  | 7 7/8"                                           | 1290' 1.75    |          |          | COST FORWA                              |                          |
| Make            |         | / Security                                       | 1784' 1       |          |          | CUM.TO DATE                             | 105585                   |
|                 |         | C FM/2565                                        | 2281 1.75     |          |          |                                         |                          |
| Type            | 3X13    | 3X13                                             |               |          |          |                                         |                          |
| Jets            | 300'    | 774'                                             |               | AD       | DITIONAL | COMMENTS:                               |                          |
| In @            |         | / I <del>**</del>                                |               | ^5       |          |                                         |                          |
| Out @           | 774'    | 1642'                                            | <del></del>   |          |          |                                         |                          |
| Feet            | 474'    | 1642'                                            |               |          |          |                                         |                          |
| Hrs             | 8       |                                                  |               | ł        |          |                                         |                          |
| Ft/Hr           |         |                                                  |               |          |          |                                         |                          |
| CUM             |         |                                                  | <del></del>   |          |          |                                         |                          |
| Grade           |         |                                                  | l             | ı        |          |                                         |                          |

| LEASE:<br>WELL: |         | PRINGS<br>#12        | DATE           | 3/10/98   | CURRENT   | DEPTH<br>PROPOSED TD<br>PAST 24 HRS | 3689'<br>4500'<br>1273'               | <u>-</u> |
|-----------------|---------|----------------------|----------------|-----------|-----------|-------------------------------------|---------------------------------------|----------|
| Present         | Operat  | tion: DRII           |                |           |           |                                     | D.WIDNER<br>TOM THURSTON              | 1        |
| FROM            | TO      |                      |                | /ITY PAST | 24 HRS:   |                                     |                                       |          |
| 700             |         | DRLG TO 2            |                |           |           |                                     |                                       |          |
| 1230            |         |                      |                | FUNCTIO   | N TEST BO | P'S                                 |                                       |          |
| 1300            |         | DRLG TO 2            |                |           |           |                                     |                                       |          |
| 1530            | 1600    | SURVEY 2             | 1/2* @ 2870'   |           |           |                                     |                                       |          |
| 1600            | 2000    | DRLG TO              | 3192'          |           |           |                                     |                                       |          |
| 2000            |         |                      | 3 1/4* @ 3153' |           | OD TO CI  |                                     |                                       |          |
| 2030            | 2300    | DRLG TO              |                | REASE W   | OB TO 6K  |                                     | · · · · · · · · · · · · · · · · · · · |          |
| 2300            | 2330    | SURVEY               | 3 1/4* @ 3276' | C 01/     |           |                                     |                                       |          |
| 2330            |         | DRLG TO              |                | 6 - 8K    |           |                                     |                                       |          |
| 330             |         | SURVEY :             |                |           |           |                                     |                                       |          |
| 400             | 700     | DRLG TO              | 3689           |           |           | <del></del>                         |                                       |          |
|                 |         | <u> </u>             |                |           |           |                                     |                                       |          |
|                 |         | <u> </u>             |                |           |           |                                     |                                       |          |
|                 |         |                      |                |           |           |                                     |                                       |          |
|                 |         | <u> </u>             |                |           |           |                                     |                                       |          |
|                 |         | <u> </u>             | MUD PROPERTIE  |           |           | DAILY                               | COSTS:                                |          |
| WT              | 9       | ] % OIL [            | Ca+            | 60        | 늬         |                                     | 000                                   | 00       |
| VIS             | 32      | %SAND                | 1/2 cake       | _ 2       | _         | DAYWORK                             | 268                                   | 60       |
| WL              | 10      | %solid               | 6 pH           | 10        | )         | LOCATION                            |                                       |          |
| HTHP            |         | 1 ALK [              | Daily Mud Co   | st 149    | 94        | MUD                                 | 14                                    | 94       |
| PV              | 7       | 1 c <sub>l</sub> - [ | 600 Cum Mud co | st 391    | 11]       | RIG MOVE                            |                                       |          |
| YP              | 4       | 1                    |                |           |           | TESTING                             |                                       |          |
| 11              |         |                      |                |           |           | LOGGING                             |                                       |          |
| 54 13 45 D      | A T A . |                      | Hydr           | aulics:   |           | MUD LOG                             |                                       |          |
| PUMP D          |         | •                    | 11941          | ganoo.    |           | CEMENTING                           |                                       |          |
|                 | 1       | <del>1 - 2 - 1</del> | WO             | 13K       |           | FISHING                             |                                       |          |
| MAKE            | Omega   |                      |                |           |           | WATER                               | 28                                    | 05       |
| MODEL           | 750     | 500                  |                | 76        |           | TRUCKING                            |                                       | 78       |
| LINER           | 8X6 1/2 | 7X6                  | GPN            | 1 358     |           |                                     |                                       | 56       |
| SPM             | 106     |                      |                |           |           | LABOR                               |                                       | 25       |
| PSI             | 1000    |                      |                |           |           | RENTALS                             | 7                                     | .25      |
|                 | •       |                      |                |           |           | CASING                              | -                                     | 00       |
| BIT REC         | CORD:   |                      | SURVEY DA      | ATA:      |           | SUPERVISION                         | 5                                     | 000      |
|                 |         |                      |                |           |           | CASING HEAD                         |                                       |          |
| Bit#            | 1       | 2                    | DEPTH DEC      | REES      |           |                                     | ^^^                                   | 140      |
| Ser#            | 703179  | 33909                | 2745' 2 1/     | 2         |           | TOTAL DAILY                         | 339                                   |          |
| Size            | 7 7/8"  | 7 7/8"               | 2870' 2 1/     | 2         |           | COST FORWARI                        |                                       |          |
| Make            |         | y Security           | 3151' 3 1/     | 4         |           | CUM.TO DATE                         | 1395                                  | 503      |
| Туре            |         | C FM/2565            |                |           |           |                                     |                                       |          |
| Jets            | 3X13    |                      | 3494' 3        |           |           |                                     |                                       |          |
| In @            | 300'    | 774                  |                | A[        |           | COMMENTS:                           |                                       |          |
| Out @           | 774     |                      |                | ]         |           | WASATCH @ 260                       | 9'                                    |          |
| Feet            | 474'    | 2915'                |                |           | 1st SHO   | W 2598'-2616'                       | 128 UNITS GAS                         |          |
| Hrs             | 8       | 40                   |                | _         | 2nd SHC   | OW 3294'-3318'                      | 740 UNITS GAS                         | •        |
| FVHr            |         | 72                   |                | _         |           |                                     |                                       |          |
| CUM             |         | 48                   |                |           |           |                                     |                                       |          |
| Grade           |         |                      |                |           |           |                                     |                                       |          |

| LEASE:       | OILS      | PRINGS             | 5           | DATE       | 3/11/9 | 98 C   | URREN   | Γ             | DEPTH            | 429      | <del>)</del> 1. |
|--------------|-----------|--------------------|-------------|------------|--------|--------|---------|---------------|------------------|----------|-----------------|
| WELL:        |           | #12                |             |            |        |        |         | PROJE         | CTED TD          | 450      | )0'             |
|              |           |                    |             |            |        | F      | OOTAGE  | E PAST 2      | 4 HRS            | 60       | 2'              |
| Present      | Operat    | ion: DR            | ILLING      |            |        |        |         | <b>ENGINE</b> | ER               | D.WIDNE  | ₹               |
| FICSCIIC     | Орста     |                    |             |            |        |        |         | CONSU         |                  | TOM THU  | RSTON           |
| FROM         | то        |                    |             | ACTIV      | ITY PA | ST 24  | HRS:    |               |                  |          |                 |
| 700          |           | DRLG TO            | 3572'       |            |        |        |         |               |                  |          |                 |
| 810          | 9/5       | SLIBVEY            | 2 1/2* @ 37 | 10' 5      | SURVE  | YLIN   | E PARTI | ED            |                  |          |                 |
| 845          | 1015      | TRIP TO            | RECOVER     | PARTEC     | SURV   | /EY LI | NE SUR  | VEY 2 3/      | 4* <b>@</b> 3710 |          |                 |
| 1015         |           | DRLG TO            |             |            |        |        |         |               |                  |          |                 |
| 1215         | 1330      | SERVICE            | RIG / FUNC  | CTION T    | EST B  | OP'S   |         |               |                  |          |                 |
| 1330         |           | DRLG TO            |             |            |        |        |         |               |                  |          |                 |
| 1715         |           |                    | 2 3/4* @ 39 | 28'        |        |        |         |               |                  |          |                 |
| 1800         |           | DRLG TO            |             |            |        |        |         |               | -                |          |                 |
| 30           |           | SERVICE            |             |            |        |        |         |               |                  |          |                 |
| 45           |           | DRLG TO            |             |            |        |        |         |               |                  |          |                 |
|              |           |                    |             |            |        |        |         |               |                  |          |                 |
|              |           |                    |             |            |        |        |         |               |                  |          |                 |
|              |           |                    |             |            |        |        |         |               |                  |          |                 |
|              |           |                    |             |            |        |        |         |               |                  |          |                 |
|              |           |                    |             |            |        |        |         |               |                  |          |                 |
|              |           |                    | -           |            | •      |        |         |               |                  |          |                 |
|              |           |                    | MUD PROF    | ERTIES     | ;      |        |         |               | DAILY            | COSTS    | •               |
| wr [         | 9.4       | % OIL              | Ca+         |            | _      | 80     |         |               |                  |          |                 |
| VIS          | 35        | %SAND              | 3/4 cake    | )          |        | 2      |         | DAYWO         | RK               |          | 12702           |
| WL           | 8.8       | %SOLID             | 7.7 pH      |            |        | 9      |         | LOCATI        | ON               |          |                 |
| 1            | 0.0       | ALK                |             | Mud Cos    | . 1    | 226    |         | MUD           |                  |          | 1226            |
| HTHP         |           | 4 1                |             |            |        |        |         | RIG MO        | \/ <b>=</b>      |          |                 |
| PV           | 12        | CI-                | 600 Cum     | Mud cost   | , 5    | 137    |         |               |                  |          |                 |
| YP           | 5         | ]                  |             |            |        |        |         | TESTIN        |                  |          |                 |
|              |           |                    |             |            |        |        |         | LOGGIN        |                  |          |                 |
| PUMP DA      | ATA;      |                    |             | Hydra      | ulics: |        |         | MUD LC        | )G               |          |                 |
|              | 1         | 2                  |             | _          |        |        |         | CEMEN         | TING             |          |                 |
| MAKE         | Omega     | Emsco              |             | WOE        | 15     |        |         | FISHING       | 3                |          |                 |
| MODEL        | 750       | 500                |             | RPM        | 53     |        |         | WATER         | <b>}</b>         |          |                 |
|              | 8X6 1/2   | 7X6                |             | GPM        |        |        |         | TRUCK         | ING              |          |                 |
| LINER        | -         | ///                |             | ٠ <u>ا</u> | -555   |        |         | LABOR         |                  |          |                 |
| SPM          | 105       |                    |             | }          |        |        |         | RENTA         |                  |          | 425             |
| PSI          | 950       | <u> </u>           |             | L          |        |        |         |               |                  |          | 120             |
|              |           |                    |             |            |        |        |         | CASING        |                  |          | 500             |
| BIT REC      | ORD:      |                    | SUR         | VEY DAT    | ΓA:    |        |         |               | VISION           |          | 300             |
|              |           |                    |             |            |        |        |         | CASING        | 3 HEAD           |          |                 |
| Bit#         | 1         | 2                  | DEP         | TH DEGF    | REES   |        |         |               |                  |          |                 |
| Ser#         | 703179    | 33909              | 3710        | 2 3/4      |        |        |         | TOTAL         | DAILY            |          | 14853           |
| Size         | 7 7/8"    | 7 7/8"             | 3875        | 2 3/4      |        |        |         | COST          | ORWARE           | )        | 139503          |
|              |           | Security           | -           |            |        |        |         | CUM.TO        | O DATE           |          | 154356          |
| Make         |           | C FM/2565          | -           | +          |        |        |         |               |                  |          |                 |
| Type         | 3X13      | . FIW/2505<br>3X13 |             | _          |        |        |         |               |                  |          |                 |
| Jets         | 300'      | 774'               | <b> </b>    |            |        | ADDIT  | IONAL ( | COMMEN        | ITS:             |          |                 |
| in @         |           | 114                |             | _          | ′      |        |         | 0 3942'-5     |                  | 140 UNIT | S GAS           |
| Out @        | 774'      | 2915'              |             |            |        | •      |         | , <b>.</b> •  | -                |          |                 |
| Feet         | 474'<br>8 | ∠915<br>40         |             |            |        |        |         |               |                  |          |                 |
| Hrs<br>El/Ur | 0         | 72                 | -           | +-         |        |        |         |               |                  |          |                 |
| Ft/Hr        |           | 48                 | <u> </u>    | +          |        |        |         |               |                  |          |                 |
| CUM          |           | 40                 |             |            | 1      |        |         |               |                  |          |                 |
| Grade        |           |                    | <u></u>     |            | ı      |        |         |               |                  |          |                 |

# ROSEWOOD RESOURCES,INC. Daily Drilling Report

| I FASE       | OILS     | PRINGS                                 | DATE                                             | 3/12/98         | CURRENT      | DEPTH                                 | 4500                                | <u> </u>             |
|--------------|----------|----------------------------------------|--------------------------------------------------|-----------------|--------------|---------------------------------------|-------------------------------------|----------------------|
| WELL:        |          | #12                                    |                                                  |                 |              | PROJECTED TD                          | 4500'                               |                      |
| VVELL.       |          | #12                                    |                                                  |                 | FOOTAGE      | PAST 24 HRS                           | 209'                                | _                    |
|              | 0        | Same DOUGLIN                           | 10                                               |                 |              | ENGINEER                              | D.WIDNER                            | <del></del>          |
| Present      | Орега    | tion: DRILLIN                          | NG.                                              |                 |              | CONSULTANT                            | TOM THURSTON                        |                      |
|              |          |                                        | ACTIV                                            | ITV DAG         | T 24 HRS:    | JOHOOLIAHI                            |                                     |                      |
| FROM         | TO       | 5 III 4 40041                          |                                                  | III PAS         | 1 24 111(3.  |                                       |                                     |                      |
| 700          |          | Drill from 4291                        |                                                  |                 |              |                                       | <del> </del>                        |                      |
| 815          |          | Serviced rig, fun                      |                                                  |                 |              | · · · · · · · · · · · · · · · · · · · |                                     | <del></del>          |
| 830          | 845      | Cleaned out sha                        | ie pit.                                          | in il           |              |                                       |                                     |                      |
| 845          | 1145     | Drill from 4374' t<br>Circulated 2 hrs | (0 4500 . 1D W                                   | vell and a      | loon hole    |                                       | · · · · · · · · · · · · · · · · · · | <del></del>          |
| 1145         |          |                                        |                                                  | iuu aiiu c      | lean noie.   |                                       |                                     | <del> </del>         |
| 1345         |          | Made 20 stand s                        | snort trip                                       |                 |              |                                       |                                     |                      |
| 1530         | 1650     | Circulated 1 hr.                       |                                                  | lono            |              |                                       |                                     | <del></del>          |
| 1630         | 2100     | POOH with drlg                         | . assembly for                                   | iogs.           | 1404'        |                                       |                                     | <del></del>          |
| 2100         | 2400     | RU Schlumberg                          | er, logged, wird                                 | SOOD .          | 1434         |                                       |                                     | <del></del>          |
|              |          | logging tool stud                      | k at 90 while r                                  | -00H            |              |                                       |                                     | <del></del>          |
| 2400         | 500      | Wait on fishing RU fishing tools       | toois                                            |                 | hot and hump | er cub                                |                                     | <u></u>              |
| 500          | 700      | RU fishing tools                       | , RIH W/Side di                                  | oor oversi      | not and bump | EI SUD                                |                                     |                      |
|              |          |                                        |                                                  | · · · · · · · · |              |                                       |                                     |                      |
|              | ļ.———    |                                        |                                                  |                 |              |                                       |                                     | <del></del>          |
|              | <u> </u> | L                                      | <del></del>                                      |                 | .,           | · · · · · · · · · · · · · · · · · · · |                                     | <del></del>          |
|              |          |                                        |                                                  |                 |              | DAILY                                 | Y COSTS:                            |                      |
|              |          |                                        | PROPERTIES                                       |                 | <del>-</del> | DAIL                                  | , 00010.                            |                      |
| WT           | 9.2      | % OIL                                  | Ca+                                              | 80              | _            | DAMANORI/                             | 441                                 | ın                   |
| VIS          | 38       | %SAND 1/2                              | cake                                             | 1_2             | <del></del>  | DAYWORK                               | 4-7                                 | 10                   |
| WL           | 8        | %SOLID 6.3                             | pН                                               | 9.5             | <u>i</u>     | LOCATION                              | 400                                 | ••                   |
| HTHP         |          | ALK                                    | Daily Mud Cos                                    | st 12:          | 29           | MUD                                   | 122                                 | 29                   |
| PV           | 12       | CI- 600                                | Cum Mud cos                                      | t 63            | 66           | RIG MOVE                              |                                     |                      |
| YP           | 6        | 1 "                                    |                                                  |                 | <del></del>  | TESTING                               |                                     |                      |
| 17           |          | J                                      | ł                                                |                 |              | LOGGING                               |                                     |                      |
| <b></b>      |          |                                        | Hydra                                            | ulioe:          |              | MUD LOG                               |                                     |                      |
| PUMP D       | ATA;     |                                        | пуцга                                            | iulics.         |              | CEMENTING                             |                                     |                      |
|              | 1        | 2                                      | ı                                                |                 |              |                                       |                                     |                      |
| MAKE         | Omega    | Emsco                                  | WOB                                              |                 |              | FISHING                               | 4.50                                | 37                   |
| MODEL        | 750      | 500                                    | RPM                                              | 53              |              | WATER                                 | 156                                 | ) <i>(</i>           |
| LINER        | 8X6 1/2  | 7X6                                    | GPM                                              | 355             |              | TRUCKING                              |                                     |                      |
| SPM          | 105      |                                        | !                                                |                 |              | LABOR                                 |                                     |                      |
|              | 950      |                                        |                                                  |                 |              | RENTALS                               | 4:                                  | 25                   |
| PSI          | 950      |                                        |                                                  |                 |              | CASING                                |                                     |                      |
|              |          |                                        | OLIDVEY DA                                       | т.              |              | SUPERVISION                           | 5                                   | 00                   |
| BIT RE       | CORD:    |                                        | SURVEY DA                                        | IA.             |              | CASING HEAD                           |                                     |                      |
|              |          |                                        |                                                  |                 |              | CASING HEAD                           |                                     |                      |
| Bit #        | 1        | 2                                      | DEPTH DEG                                        | REES            |              |                                       | . 04                                | 24                   |
| Ser#         | 703179   | 33909                                  | 4500' 2 1/4                                      |                 |              | TOTAL DAILY                           | 81                                  |                      |
| Size         | 7 7/8"   | 7 7/8"                                 |                                                  |                 |              | COST FORWAR                           |                                     |                      |
| Make         |          | y Security                             |                                                  | 1               |              | CUM.TO DATE                           | 1624                                | 87                   |
| Type         |          | C FM/2565                              |                                                  | 1               |              |                                       |                                     |                      |
| Jets         | 3X13     | 3X13                                   |                                                  | 1               |              |                                       |                                     |                      |
| In @         | 300'     | 774'                                   |                                                  | 1 AI            | DDITIONAL C  | OMMENTS:                              |                                     |                      |
| Out @        | 774      | 4500'                                  |                                                  | 1               | BHA = 7      | 7/8" bit, MTR, 15 6                   | " DC's, 11 HWDP.                    | Total length 761.52' |
| _            | 474°     | 3726                                   |                                                  | 1               |              |                                       |                                     |                      |
| Feet<br>⊔re  | 73/4     | 63                                     |                                                  | 1               |              |                                       |                                     |                      |
| Hrs<br>Et/Uz | 1314     | 59                                     | <del>                                     </del> | 1               |              |                                       |                                     |                      |
| Ft/Hr        |          | 70 3/4                                 |                                                  | 1               |              |                                       |                                     |                      |
| CUM          |          | 10 314                                 |                                                  | 1               |              |                                       |                                     |                      |
| Grade        |          |                                        |                                                  | L               |              |                                       |                                     |                      |

| LEASE:<br>WELL: |             | PRINGS<br>#12                 | DATE                                             | 3/13/98     |                    | ROJECTED TD                         | 4500<br>4500'            | <u>-</u>            |
|-----------------|-------------|-------------------------------|--------------------------------------------------|-------------|--------------------|-------------------------------------|--------------------------|---------------------|
| Present         | Opera       | tion: Fishing                 |                                                  |             | EN<br>C            | PAST 24 HRS<br>NGINEER<br>ONSULTANT | D.WIDNER<br>TOM THURSTON | —<br>I              |
| FROM            | TO          |                               |                                                  |             | 24 HRS:            |                                     |                          |                     |
| 700             |             | Latched on to lo              |                                                  | ed down id  | ogging tools.      |                                     |                          | <del></del>         |
| 845             | 1200        | TIH w/drlg. asse              | embly to 4494                                    |             |                    | ····                                |                          |                     |
| 1200            | 1400        | Circulated hole               | to condition mu                                  | d           |                    |                                     |                          |                     |
| 1400            | 1800        | RU laydown ma                 | chine, POOH, I                                   | ay down c   | irig. assembly     |                                     |                          | <del></del>         |
| 1800            | 1830        | RU csg. crew.                 |                                                  |             | 44.6-4             | ller E7 ita .com                    | cont stage tool+47 it    |                     |
| 1830            | 2230        | RIH w/4-1/2", 1               | 1.6#, J-55, new                                  | csg: Floa   | t snoe, 1 jt,110at | collai,57 jts, cen                  | nent stage tool+47 jt    | <del></del>         |
|                 |             | csg; float shoe I             |                                                  | , stage too | or (6) 1997        |                                     | <del> </del>             |                     |
| 2230            | 2330        | Circulate hole 1              | hr.                                              | 400 -lin 0  | less "C" somo      | nt +10% Gyneur                      | n, 4% FL-25, 1% R-       | 3                   |
| 2330            | 30          | RU BJ, cement                 | ed 1st stage W/                                  | 420 SKS C   | C & 2300           | III + 10 % Gypsui                   | II, 4701 E-20, 170 IC    | <del></del>         |
|                 |             | and 10% salt.                 | BID @ 4420                                       | , EST 100   | C @ 2300           |                                     | <del></del>              |                     |
| 30              | 515         | Opened stage t                | ool, circulated 2                                | nrs.        | s "C" omt w/3      | % salt 16% del 5                    | 5# gilsonite, and 25#    | l/sk                |
| 515             | 545         | Cemented seco                 | nd stage w/150                                   | Close "G"   | peat Plug do       | wn @ 5:45 a.m.                      | - held okav              | <del></del>         |
|                 |             | cello-flake, folio            | wed by 50 sks                                    | Class G     | Heat. 1 lug do     | WIT 65 0. 10 C.I.I.                 |                          |                     |
|                 | 245         | Circ 20 sks to s              | urrace                                           |             |                    |                                     | ····                     |                     |
| 545             |             | Rig down BJ<br>Nipple down BC | 70                                               |             |                    |                                     |                          |                     |
| 615             | 700         | Nipple down Bo                | <u> </u>                                         |             |                    |                                     |                          |                     |
|                 |             | MUD                           | PROPERTIES                                       | :           |                    | DAIL                                | Y COSTS:                 |                     |
|                 |             | 1 % OIL [                     | Ca+                                              | 80          | TI .               |                                     |                          |                     |
| WT              | 9.2         |                               | 4                                                | 2           | -                  | AYWORK                              | 68                       | 00                  |
| VIS             | 38          | %SAND 1/2                     | 1                                                | 9.5         | _                  | OCATION                             |                          |                     |
| WL              | 8           | %SOLID 6.3                    | pH                                               |             |                    |                                     |                          | 0                   |
| HTHP            |             | ALK                           | Daily Mud Cos                                    |             | <del>-</del> -     | MUD                                 |                          | J                   |
| PV              | 12          | CI- 600                       | Cum Mud cos                                      | t [636      | ≃                  | RIG MOVE                            |                          |                     |
| YP              | 6           | 1 L_                          | j                                                |             |                    | ESTING                              | 400                      | co                  |
|                 |             |                               |                                                  |             | L                  | OGGING                              | 128                      | 00                  |
| PUMP D          | ATA:        |                               | Hydra                                            | ulics:      |                    | NUD LOG                             |                          | ·                   |
| 1 01111 0       | 1           | 2                             |                                                  |             | c                  | EMENTING                            | 134                      | 67                  |
| MAKE            | Omega       | T                             | WOB                                              | 15          | F                  | ISHING                              |                          |                     |
|                 | 750         | 500                           | RPM                                              |             | ٧                  | VATER                               | 3                        | 03                  |
| MODEL           |             | <del></del>                   |                                                  | 355         | Т                  | RUCKING                             |                          |                     |
| LINER           | 8X6 1/2     | 2 7X6                         | Grivi                                            | 1333        |                    | ABOR                                | 65                       | 73                  |
| SPM             | 105         |                               |                                                  |             | _                  | RENTALS                             |                          | 25                  |
| PSI             | 950         |                               |                                                  |             |                    | CASING                              | 219                      |                     |
|                 |             |                               |                                                  |             |                    |                                     |                          | 500                 |
| BIT REG         | CORD:       |                               | SURVEY DA                                        | TA:         |                    | SUPERVISION                         |                          | .00                 |
|                 |             |                               |                                                  |             | (                  | CASING HEAD                         |                          |                     |
| Bit #           | 1           | 2                             | DEPTH DEG                                        | REES        |                    |                                     |                          |                     |
| Ser#            | 703179      | 33909                         | 4500' 2 1/4                                      |             | 7                  | TOTAL DAILY                         | 629                      |                     |
| Size            | 7 7/8"      |                               |                                                  | 1           | (                  | COST FORWAR                         | RD 1624                  | ∤87                 |
|                 |             | y Security                    |                                                  | 1           | (                  | CUM.TO DATE                         | 2254                     | 21                  |
| Make            |             | C FM/2565                     |                                                  | 1           |                    |                                     |                          |                     |
| Type            | 3X13        |                               | -                                                | 1           |                    |                                     |                          |                     |
| Jets            | 300'        | 774'                          |                                                  | 1 AC        | DITIONAL CO        | OMMENTS:                            |                          |                     |
| In @            | 300<br>774' | 4500'                         |                                                  | 1 '``       | BHA = 7 7/         | 8" bit, MTR, 15                     | 5" DC's, 11 HWDP.        | Total length 761.52 |
| Out @           | 474'        | 3726'                         | <del>                                     </del> | 1           |                    |                                     |                          |                     |
| Feet<br>Hrs     | 73/4        | 63                            |                                                  | 1           | Pumped 84          | 40 gals mud flusi                   | n on 1st stage           |                     |
| Hrs<br>Ft/Hr    | 1314        | 59                            |                                                  | 1           | Circulated         | 20 bbls. cmt to s                   | urface on 2nd stage      |                     |
| CUM             |             | 70 3/4                        |                                                  | 1           |                    |                                     |                          |                     |
| Grade           |             | , ,                           |                                                  | 1           |                    |                                     |                          |                     |
| Glade           |             |                               |                                                  | -           |                    |                                     |                          |                     |

#### **Daily Drilling Report** ROSEWOOD RESOURCES,INC. DATE 3/14/98 CURRENT 4500' DEPTH **LEASE: OIL SPRINGS** WELL: #12 TVD **FOOTAGE PAST 24 HRS D.WIDNER Present Operation: DRILLING ENGINEER** CONSULTANT TOM THURSTON **ACTIVITY PAST 24 HRS:** 900 LIFT BOP'S & SET SLIPS 700 1300 CUT OFF CSG & CLEAN PITS. RIG RELEASED! FINAL REPORT! 900 MUD PROPERTIES DAILY COSTS: 80 WT 9.2 % OIL Ca+ 1670 **DAYWORK** VIS 38 %SAND 1/2 cake рΗ 9.5 LOCATION 8 %SOLID WL MUD Daily Mud Cost 1229 **HTHP** ALK 600 Cum Mud cost **RIG MOVE** CI-PV 12 **TESTING** 6 ΥP LOGGING Hydraulics: **MUD LOG** PUMP DATA; CEMENTING 1600 WOB 15 **FISHING** Omega MAKE **Emsco** RPM 53 WATER MODEL 750 500 **TRUCKING** GPM 355 LINER 8X6 1/2 7X6 LABOR SPM 105 425 **RENTALS** PSI 950 1200 CASING 500 **SURVEY DATA:** SUPERVISION BIT RECORD: **CASING HEAD**

**DEPTH DEGREES** 

2 3/4

3710' 2 3/4

3875'

5395

217290

222685

TOTAL DAILY

**COST FORWAR** 

**CUM.TO DATE** 

ADDITIONAL COMMENTS:

2

7 7/8"

3X13

774

2915

40

72

48

1

7 7/8"

3X13

300'

774' 474'

703179 33909

Security Security

ERA/18C FM/2565

Bit#

Ser#

Size

Make

Type Jets

In @ Out @

Feet

Hrs

Ft/Hr

CUM Grade FORM 3160-5 (June 1990)

# DEPARTMENT OF THE INTERIOR

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

|    | LWKIMENI OL  | THE INTERIOR |
|----|--------------|--------------|
| BU | REAU OF LAND | MANAGEMENT   |

5. Lease Designation and Serial No.

| SUNDRY NOTICES AND REPORTS ON WELLS |  |
|-------------------------------------|--|
|-------------------------------------|--|

UTU-08424A

Do not use this form for proposals to drill or to deepen or reenter a different reservoir.

Use "APPLICATION FOR PERMIT -" for such proposals

6. If Indian, Allottee or Tribe Name NA

| SUBMIT IN TRIPLICATE                                                                                                   | 7. If Unit or CA, Agreement Designation Oil Springs Unit |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Type of Well                                                                                                        |                                                          |
|                                                                                                                        | 8. Well Name and No.                                     |
| Oil Gas<br>Well X Well Other                                                                                           | Oil Springs #12                                          |
|                                                                                                                        | 9. API Well No.                                          |
| 2. Name of Operator                                                                                                    | 43-047-33051                                             |
| ROSEWOOD RESOURCES, INC.                                                                                               | 10. Field and Pool, or Exploratory Area                  |
| 3. Address and Telephone No.                                                                                           |                                                          |
| P.O. Box 1668, Vernal, UT 435-789-0414                                                                                 | 11. County or Parish, State                              |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2052' FNL 750' FWL, SW/NW Section 5, T12S, R24E | UINTAH CO., UTAH                                         |
| 42 CUECK ADDOODDIATE DOV() TO INDICATE MATURE                                                                          |                                                          |

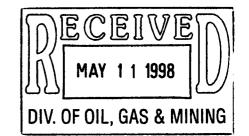
|     | · · · · · · · · · · · · · · · · · · ·                           | ·                                                                                        | 1 2 2 4                                                                                                      |  |
|-----|-----------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--|
| 12. | CHECK APPROPRIATE BOX                                           | ((es) TO INDICATE NATURE OF NOTI                                                         | CE, REPORT, OR OTHER DATA                                                                                    |  |
|     | TYPE OF SUBMISSION                                              | TYP                                                                                      | E OF ACTION                                                                                                  |  |
|     | Notice of Intent  X Subsequent Report  Final Abandonment Notice | Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other Weekly Status | Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water |  |
|     |                                                                 | (Note: Report results of multiple co<br>Completion or Recompletion Repo                  |                                                                                                              |  |

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

See attached completion reports.

**Current Status - Completing** 

Conditions of approval, if any:



| COPIES: ORIG. & 2-BLM; DIV. OG&M J MCQUILLEN               | <u> </u>                       |       |          |
|------------------------------------------------------------|--------------------------------|-------|----------|
| 4. I hereby certify that the foregoing is true and correct |                                |       |          |
| Signed Lucy Nema                                           | Title Administrative Assistant | Date_ | 05/08/98 |
| (This space for Federal or State office use)               |                                |       |          |
| Approved by                                                | Title                          | Date  |          |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States andy false, fictitious or fraudulent statements or representations as to any mater within its jurisdiction.

**Daily Completion Report** 

WELL NAME: OIL SPRINGS #12

DATE:

5/8/98

DEPTH: 4500'

PBTD 4416'

3983' - 3990'

Lease #: UTU-63031B

Location: SWNW SEC. 5, 12S, R24E

County: Uintah Co., Utah

PACKER:

PERFS:

RBP:

CIBP: EOT:

Engineer

D. Widner

OT:

Consultant S. Miller

#### 5/2/98

MIRU K & S WELL SERVICE RIG #1. HOOK-UP PUMP & LINES. N/U BOP'S. MOVE IN & SPOT FRAC TANKS & PIPE RACKS. SHUT DOWN FOR WEEKEND.

DAILY COST \$2.510 CUM COST \$2.510

#### 5/5/98

P/U 3 7/8" DRAG BIT, 4 1/2" CSG SCRAPER, 4- 3 1/8" DC'S & RIH W/ 2 3/8" TBG. TAG CMT @ 1946'. DRILL OUT CMT & STAGE COLLAR @ 1997'. PRESSURE TEST TO 2500#. HELD OK! RIH W/ TBG & TOOLS TO PBTD @ 4416'. DISPLACE WELL W/ 3% KCL WATER. POOH W/ TBG & TOOLS. SION

DAILY COST \$15,325 CUM COST \$17,835

#### 5/6/98

R/U SCHLUMBERGER. RUN CEMENT BOND LOG FROM 4416' TO 300' W/ 1000# SURFACE PRESSURE. EST TOP OF CEMENT FOR BOTTOM STAGE @ 2650'. RIH W/ 100 JTS 2 3/8" TBG & S.N. TO 3150'. R/U & SWAB WELL DOWN TO 2500'. POOH W/ TBG. R/U & RIH W/ 3 1/8" CSG GUN & PERFORATE INTVL @ 3983'- 90' 4 SPF 28 HOLES TOTAL. NO GAS TO SURFACE. P/U XN- NIPPLE, 8' PUP JT, 4 1/2" ARROWSET 1 PKR, ON/OFF TOOL, 6' PUP JT, 1 JT TBG, X- NIPPLE & RIH W/ 124 JTS 2 3/8" TBG. SET PKR @ 3959' & LAND ON HANGER. TEST CSG & PKR TO 2000#. HELD OK! R/U & SWAB WELL DRY IN 3 RUNS W/ NO GAS SHOW. R/U RIG PUMP & PUMP DOWN TBG. BREAK DOWN PERFS W/ 3% KCL WTR. ZONE BROKE @ 2500#. AVG 1 BPM @ 1650# ISIP 1400# (FRAC. GRAD. .79) PUMPED 15 BBLS TOTAL. R/U & SWAB WELL. SWABBED WELL DRY IN 3 RUNS & RECOVERED 15 BBLS WATER W/ SLIGHT GAS SHOW. HAVE 0 BLTR. SION

TUBING DETAIL TUBING DETAIL CONT.

 14.00'
 K.B.
 6.20'
 ARROWSET 1 PKR @ 3959'

 .83'
 TBG HANGER
 8.12'
 8' TBG PUP JT

 20.18'
 2- 10' TBG PUP JTS
 1.05'
 XN- NIPPLE @ 3974'

20.18' 2- 10' TBG PUP JTS 1.05' 3852.22' 124 JTS 2 3/8" 4.7# J-55 EUE TBG

1002.22 124 J 10 2 3/0 4.7#

1.20' X- NIPPLE @ 3918' 31.62' 1 JT TBG 6.23' 6' TBG PUP JT 1.50' ON/OFF TOOL

DAILY COST \$10,520 CUM COST \$28,355

#### 5/7/98

CHECK PRESSURES. SITP 800# WELL BLEW DOWN IMMED. R/U & SWAB WELL. F.L. @ 1800'. SWABBED WELL DRY IN 2 RUNS & RECOVERED 5 BBLS GAS CUT FLUID. FLOW TEST WELL ON 8/64 CHOKE. FTP 60# CHECK FOR FLUID ENTRY EVERY 2 HRS. HAD 1 BBL VERY GAS CUT FLUID ENTRY EVERY 2 HRS. RECOVERED 8 BBLS TOTAL TODAY. SION

DAILY COST \$2,635 CUM COST \$30,990

### 5/8/98

CHECK PRESSURES. SITP 1200#. R/U & SWAB WELL. F.L. @ 2800'. MADE 7 RUNS & RECOVERED 5 BBLS WATER. R/U BJ SERVICES & FRAC INTVL 3983'- 90' W/ 19,080# 20/40 SAND & 166 BBLS FLUID. AVG 8.6 BPM AVG PSI 2300# MAX PSI 2680# MAX RATE 9 BPM. ISIP 1500# 5 MIN 1393# 10 MIN 1276# 15 MIN 1227#. SHUT IN WELL FOR 2 HRS. SITP 500# FLOW WELL TO RIG TANK ON 3/4" CHOKE FOR 10 HRS & CHANGED TO 18/64 CHOKE. RECOVERED 173 BBLS WATER IN 17 HRS. FTP 140# ON 18/64 CHOKE.

TO 18/64 CHOKE. RECOVERED 173 BBLS WATER IN 17 HRS. FTP 140# ON 18/64 CHOKE.

DAILY COST \$11,415 CUM COST \$42,405

(June 1990)

## **DNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

| FO  | RM APP    | ROVED   |           |
|-----|-----------|---------|-----------|
| Bud | lget Bure | eau No. | 1004-0135 |

| Expi | res: | March | 31, | 199 | 3 |  |
|------|------|-------|-----|-----|---|--|
| <br> | -    |       |     | -   |   |  |

|     | . Lease | Designation | anu | Sells |
|-----|---------|-------------|-----|-------|
| ļ · | UTU     | -08424A     |     |       |

| SUNDRY NOTICES AND REPORTS ON WELLS                                           |
|-------------------------------------------------------------------------------|
| - this form for managed to drill or to do non or contar a different reservoir |

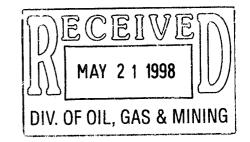
Do not use this form for proposals to drill or to deepen or reenter a differ

6. If Indian, Allottee or Tribe Name

| Use "APPLICATION FOR PERMIT                                                                                                                                                                      | NA NA                                                                                                                                                                                |                                                                                                                                                                                                               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUBMIT IN TRIF                                                                                                                                                                                   | 7. If Unit or CA, Agreement Designation Oil Springs Unit                                                                                                                             |                                                                                                                                                                                                               |  |
| 1. Type of Well  Oil Well  X Well Other  2. Name of Operator ROSEWOOD RESOURCES, INC.                                                                                                            | 8. Well Name and No. Oil Springs #12 9. API Well No. 43-047-33051 10. Field and Pool, or Exploratory Area                                                                            |                                                                                                                                                                                                               |  |
| <ol> <li>Address and Telephone No.</li> <li>P.O. Box 1668, Vernal, UT</li> <li>Location of Well (Footage, Sec., T., R., M., or Survey De<br/>2052' FNL 750' FWL, SW/NW Section 5, T12</li> </ol> | 11. County or Parish, State  UINTAH CO., UTAH                                                                                                                                        |                                                                                                                                                                                                               |  |
|                                                                                                                                                                                                  | (es) TO INDICATE NATURE OF NOT                                                                                                                                                       | ICE, REPORT, OR OTHER DATA PE OF ACTION                                                                                                                                                                       |  |
| TYPE OF SUBMISSION  Notice of Intent  X Subsequent Report  Final Abandonment Notice  13. Describe Proposed or Completed Operations (Clearly states)                                              | Abandonment Recompletion Plugging Back Casing Repair Altering Casing X Other Weekly Status (Note: Report results of multiple of Completion or Recompletion Report and give pertinent | Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water  completion on Well bort and Log form.) dates, including estimated date of starting any proposed |  |
| work. If well is directionally drilled, give subsurface loca                                                                                                                                     | tions and measured and true vertical depth                                                                                                                                           | s for all markers and zones pertinent to this work.)*                                                                                                                                                         |  |

Weekly Status - 5/9 - 5/15/98. See attached completion reports.

**Current Status - Producing** 



COPIES: ORIG. & 2-BLM; DIV. OG&M; J MCQUILLEN 14. I hereby certify that the foregoing is true and correct Date 05/19/98 Title Drilling Manager Signed (This space for Federal or State office use) Date Approved by Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States andy false, fictitious or fraudulent statements or representations as to any mater within its jurisdiction.

**Daily Completion Report** 

**WELL NAME: OIL SPRINGS #12** 

DATE:

5/8/98

DEPTH: 4500'

**PBTD** 4416'

3983' - 3990'

Lease #: UTU-63031B

Location: SWNW SEC. 5, 12S, R24E

County: Uintah Co., Utah

PACKER: RBP:

PERFS:

CIBP: EOT:

Engineer

D. Widner

S. Miller Consultant

#### 5/2/98

MIRU K & S WELL SERVICE RIG #1. HOOK-UP PUMP & LINES. N/U BOP'S. MOVE IN & SPOT FRAC TANKS & PIPE RACKS. SHUT DOWN FOR WEEKEND.

\$2.510 DAILY COST \$2,510 CUM COST

#### 5/5/98

P/U 3 7/8" DRAG BIT, 4 1/2" CSG SCRAPER, 4- 3 1/8" DC'S & RIH W/ 2 3/8" TBG. TAG CMT @ 1946'. DRILL OUT CMT & STAGE COLLAR @ 1997'. PRESSURE TEST TO 2500#. HELD OK! RIH W/ TBG & TOOLS TO PBTD @ 4416', DISPLACE WELL W/ 3% KCL WATER. POOH W/ TBG & TOOLS. SION

DAILY COST \$15,325 CUM COST \$17,835

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| TL                                   | JBING DETAIL                                                                 | Τl                      | JBING DETAIL CONT.                                            |
|--------------------------------------|------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------|
| 14.00'<br>.83'<br>20.18'<br>3852.22' | K.B.<br>TBG HANGER<br>2- 10' TBG PUP JTS<br>124 JTS 2 3/8" 4.7# J-55 EUE TBG | 6.20'<br>8.12'<br>1.05' | ARROWSET 1 PKR @ 3959'<br>8' TBG PUP JT<br>XN- NIPPLE @ 3974' |
| 1.20'                                | X- NIPPLE @ 3918'                                                            |                         |                                                               |

1 JT TBG

31.62' 6.23' 6' TBG PUP JT ON/OFF TOOL

DAILY COST \$10,520 CUM COST \$28,355

CHECK PRESSURES. SITP 800# WELL BLEW DOWN IMMED. R/U & SWAB WELL. F.L. @ 1800'. SWABBED WELL DRY IN 2 RUNS & RECOVERED 5 BBLS GAS CUT FLUID. FLOW TEST WELL ON 8/64 CHOKE. FTP 60# CHECK FOR FLUID ENTRY EVERY 2 HRS. HAD 1 BBL VERY GAS CUT FLUID ENTRY EVERY 2 HRS. RECOVERED 8 BBLS TOTAL TODAY. SION

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TO 18/64 CHOKE. RECOVERED 173 BBLS WATER IN 17 HRS. FTP 140# ON 18/64 CHOKE.

DAILY COST \$11,415 CUM COST \$42,405

#### 5/9/98

CONTINUE FLOWING WELL TO TANK ON 18/64 CHOKE. FTP 150# RECOVERING 5.2 BBLS WATER PER HOUR. FLOWED WELL 10 HRS & RECOVERED 52 BBLS WATER. RECOVERED 225 BBLS SINCE FRAC TREATMENT. TREATMENT VOLUME 166 BBLS. SHUT DOWN FOR WEEKEND. PREP TO PERF. INTVLS 3936'-41' & 3943'-54'.

DAILY COST \$2.580 CUM COST \$267.670 CUM INCLUDES DRILLING COSTS

#### 5/12/98

CHECK PRESSURE. SITP 1600#. R/U SLICKLINE UNIT & RIH W/ BLANKING PLUG. HIT TIGHT SPOT @ 3712'. POOH W/ PLUG. RIH W/ SLICKLINE SWAGE & JAR THRU TIGHT SPOT. POOH W/ SWAGE. RIH W/ BLANKING PLUG & SET IN XN- NIPPLE BELOW PKR. POOH & R/D SLICKLINE UNIT. RELEASE FROM ON/OFF TOOL & TEST TOOLS & CSG TO 2500#. HELD OK! SWAB WELL DOWN TO 2500'. POOH W/ TBG & TOP OF ON/OFF TOOL. R/U SCHLUMBERGER & RIH W/ 3 1/8" CSG GUNS. WERE UNABLE TO PERFORATE. PKR SET 9' TOO HIGH. R/D WIRELINE TRUCK. RIH W/ TBG & ON/OFF TOOL. FILL CSG & RELEASE PKR. RESET PKR @ 3970'. TEST TOOLS & CSG TO 2500#. HELD OK! SWAB WELL DOWN TO 2500'. POOH W/ TBG & TOOL. SION.

DAILY COST \$5,160 CUM COST \$272,830

#### 5/13/98

R/U SCHLUMBERGER. RIH W/ 3 3/8" CSG GUNS & PERFORATE INTVLS @ 3936'- 41' & 3943'- 54' 4 SPF 32 HOLES TOTAL. R/D WIRELINE TRUCK. CSG PRESSURED TO 600#. FLOW WELL TO PIT ON 3/4" CHOKE. WELL UNLOADED HOLE VOLUME & STARTED FLOWING DRY GAS. FLOW WELL ON 16/64 CHOKE FOR 3 HRS. FCP STABILIZED @ 575#. CHANGE CHOKE TO 18/64. FLOWED WELL FOR 5 HRS. FCP STABILIZED @ 500#. WELL FLOWING DRY GAS. SION

DAILY COST \$18,882 CUM COST \$291,711

#### 5/14/98

CHECK PRESSURE. 14 HR SICP 1350#. FLOW WELL TO TANK ON 18/64 CHOKE. WELL UNLOADED 6 BBLS FLUID IN FIRST 30 MIN & FLOWED DRY GAS DURING REMAINDER OF 8 HR TEST. FCP STABILIZED @ 500#. R/U SCHLUMBERGER & RIH W/ ON/OFF TOOL, 4 1/2" ARROWSET 1 PKR, 6' TBG PUP JT & XN- NIPPLE W/ BLANKING PLUG INSTALLED. SET PKR @ 3881'. R/D WIRELINE. PRESSURE TEST PKR TO 2500#. HELD OK!

DAILY COST \$7,598 CUM COST \$299,310

#### 5/15/98

FINISH RIH W/ 2 3/8" TBG & ON/OFF TOOL. LATCH ONTO WIRELINE SET PKR & SPACE. N/D BOP'S & N/U WELLHEAD. RIH W/ SLICKLINE TOOLS. EQUALIZE & PULL BLANKING PLUG. RIG DOWN & RELEASE COMPLETION UNIT.

DAILY COST \$8,836 CUM COST \$308,146

5/15/98

684 MCF; 0 bbls cond.; 0 bbls water 18 hours on 14/64" choke 1200# tbg

5/16/98

752 MCF; 0 bbls cond.; 0 bbls water 24 hours on 14/64" choke 1200# tbg

5/17/98

618 MCF; 0 bbls cond.; 0 bbls water 24 hours on 14/64" choke 1100# tbg

5/18/98

356 MCF; 1.67 bbls cond.; 0 bbls water 24 hours on 14/64" choke 1160# tbg

Finial Report

DAILY COST \$0 CUM COST \$308,146

| EODIA 3463 E                         | , TEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STATES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FORM APPROVED                                                                                |
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| FORM 3160-5<br>(June 1990)           | DEPARTMENT O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Budget Bureau No. 1004-0135                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |
| (June 1990)                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID MANAGEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Expires: March 31, 1993                                                                      |
|                                      | BONEAG OF EAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Lease Designation and Serial No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |
| •                                    | SUNDRY NOTICES AND REPOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | UTU-08424A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |
|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6. If Indian, Allottee or Tribe Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                              |
| Do not use                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | leepen or reenter a different reservoir.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                              |
|                                      | Use "APPLICATION FOR PERMI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | T -" for such proposals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NA NA                                                                                        |
|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | The state of the s | 7. If Unit or CA, Agreement Designation                                                      |
|                                      | SUBMIT IN TRII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PLICATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Oil Springs Unit                                                                             |
| 1. Type of Well                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8. Well Name and No.                                                                         |
| Oil                                  | Gas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |
| Well                                 | X Well Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Oil Springs #13                                                                              |
|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9. API Well No.                                                                              |
| 2. Name of Open                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 43-047-33052                                                                                 |
|                                      | OD RESOURCES, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10. Field and Pool, or Exploratory Area                                                      |
| 3. Address and T                     | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 405 700 0414                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 11. County or Parish, State                                                                  |
|                                      | 668, Vernal, UT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11. County of Fatish, State                                                                  |
|                                      | ell (Footage, Sec., T., R., M., or Survey Desc<br>713' FSL, SW/SE Section 5, T128                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UINTAH CO., UTAH                                                                             |
| 12.                                  | CHECK APPROPRIATE BOX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ((es) TO INDICATE NATURE OF NOTIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | E. REPORT, OR OTHER DATA                                                                     |
|                                      | YPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OF ACTION                                                                                    |
|                                      | TPL OF GODINIOCION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |
|                                      | Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Abandonment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Change of Plans                                                                              |
|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Recompletion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | New Construction                                                                             |
|                                      | X Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Plugging Back                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Non-Routine Fracturing                                                                       |
|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Casing Repair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Water Shut-Off                                                                               |
|                                      | Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Altering Casing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Conversion to Injection                                                                      |
|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X Other PUT ON PROD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Dispose Water                                                                                |
|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Note: Report results of multiple comp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | pletion on Well                                                                              |
|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Completion or Recompletion Report a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |
| 13. Describe Pro<br>work. If well is | posed or Completed Operations (Clearly states of completed Operations (Clearly states of complete of c | ite all pertinent details, and give pertinent dates, in<br>ons and measured and true vertical depths for all                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ncluding estimated date of starting any proposed markers and zones pertinent to this work.)* |
| _                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7/00/00                                                                                      |
| Operator r                           | reports the above well was place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ced on production @ 6:00a.m. on7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 728/98.                                                                                      |
| Initial 24 h                         | r production: 899 MCE/D: 0 b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | bls. condensate; 100 bblS. water.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |
| 16/64" cho                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |
| 10/04 CHC                            | NC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |
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|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |
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|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DIV. OF OIL, GAS & MINING                                                                    |
|                                      | ORIG. & 2-BLM; DIV. OG&M J M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |
| 14. I hereby                         | certify that the foregoing is true ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |
| Signed                               | Luca Neme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Title Administrative Assista                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ant Date 08/05/98                                                                            |
| (This space for                      | or Federal or State office use)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |
| Approved by                          | i ederal of clare office doe)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date                                                                                         |
|                                      | approval, if any:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |

FORM 316: (July 1992)

SIGNED

## **UNITED STATES DEPARTMENT OF THE INTERIOR**

| SUBMITTO DUPLICATE* | FORM APPROVED             |
|---------------------|---------------------------|
| /6                  | 1/31 413 3143 3 200 4 444 |

OMB NO. 1004-0137

Expires: February 28, 1995

| •                                           |                             | BUREAU                | J OF LAND                  | MANAGEM                    | ENT            |                          |                                       |               |                  | UTU-084                                         | 24A                                   |
|---------------------------------------------|-----------------------------|-----------------------|----------------------------|----------------------------|----------------|--------------------------|---------------------------------------|---------------|------------------|-------------------------------------------------|---------------------------------------|
| WELL C                                      | OMPLET                      | ION OR R              | ECOMPL                     | ETION RE                   | PO             | RT AND                   | LOG*                                  |               | 6. IF 1          | NDIAN, ALLUITE                                  | OK TRIBE NAME                         |
| 1a. TYPE OF WORK                            |                             | νщ                    | 7 ,                        | AN T                       |                | <del></del>              |                                       |               | 7. UN            | IT AGREEMENT N                                  | AME                                   |
| 1b. TYPE OF WELL                            |                             | WELL                  | W                          | DR DR                      | Υ              | Oth                      | er                                    |               |                  |                                                 | INGS UNIT                             |
| WELL X                                      | WURA<br>OVER                | DEET                  | BA                         | - 1                        | :[             | 1                        |                                       |               | 8. FAI           | M OR LEASE NAM                                  | •                                     |
| 2. NAME OF OPERATOR                         | 1                           |                       |                            | CK RESVI                   | <u> </u>       | Othe                     | er                                    | <del></del> - | Q API            | OIL SPR                                         | INGS #12                              |
| ROSEWOOD F                                  |                             | S, INC.               |                            |                            |                |                          |                                       |               |                  | 43-047-33                                       | 051                                   |
| P.O. BOX 1668.                              |                             | UT 84078              |                            | 435-789                    | .041           |                          | · · · · · · · · · · · · · · · · · · · |               | 10. FIE          | LD AND POOL OR                                  | WILDCAT                               |
| 4. LOCATION OF WEI                          | L (Report locatio           | ns clearly and in acc | ordance with any           | State requirements.*       | )              | <del></del>              | <del> </del>                          |               | 11. SEC          | C., T., R., M., OR BL                           | OCK AND SURVEY                        |
| At Surface                                  | THE CITY OF                 | LTOW Y                |                            |                            |                |                          |                                       |               |                  | AREA                                            |                                       |
| 2052' FNL 750'<br>At top prod. Interval rep |                             | NW                    |                            |                            |                |                          |                                       |               |                  | SEC.5, T1                                       | 2S, R24E                              |
| At top proc. Interval (ep                   | orted below                 |                       |                            |                            |                |                          |                                       |               | Plac             | le Carreron                                     | CID eas                               |
| At total depth                              |                             |                       | 14. PERM                   | IT NO.                     |                | DATE ISSU                | ÆD.                                   |               |                  | NTY OR PARISH                                   | S.L.B. & M                            |
|                                             |                             |                       | N/.                        | _                          |                | 1/28/98                  |                                       |               |                  | UINTAH                                          | UTAH                                  |
| 15. DATE SPUDDED 2/19/98                    | 16. DATE T.D. RE<br>3/11/98 | EACHED                | 17. DATE COM<br>5/15/9     | PL. (Ready to prod.)       |                | 18. ELEVATION: 6172' (   | S (DF, RKB, RT, G                     | R, ETC.)*     |                  |                                                 | 19. ELEV. CASINGHE                    |
| 20. TOTAL DEPTH, MD &                       |                             | 21. PLUG, BACK        |                            | 22. IF MULTI               | PLECO          | MPL.                     | 23: INTERVALS                         | , RO          | TARY T           | OOLS                                            | 6186' KB                              |
| <b>4500'</b> тр                             | 1                           | TVD 4                 | )<br>416'                  | HOW MA                     | ( (XI          | ECI                      |                                       |               |                  | 4500'                                           |                                       |
| 24. PRODUCING INTERVA                       |                             |                       |                            |                            | ₩              |                          | 10-0                                  | <del></del>   | <del>390 -</del> | 4500                                            | NO<br>25. WAS DIRECTION               |
| WASATCH 393                                 | 36' - 90'                   |                       |                            |                            | V              | SEP 1                    | 4 1998                                | 111/          | /                |                                                 | SURVEY MADE                           |
|                                             |                             |                       |                            | 15                         | 777            |                          | • " - "                               |               | '                |                                                 | NO                                    |
| 26. TYPE ELECTRIC AND MUD LOG; CB           | OTHER LOGS RUE              | N 3-98<br>DOMINICOR   | DET OC                     | DEMI / OC                  | <b>&gt;111</b> | 05.00                    | 040 0 44                              |               | 1                | <del></del> · · · · · · · · · · · · · · · · · · | 27. WAS WELL CORE                     |
| 23.                                         | e, erubio                   | N, Al/LC/GR           | Y EILQC;                   | CASING RECO                | PIV.           | UF UIL.                  | JAS & IVI                             | INING         | +                |                                                 | NO                                    |
| CASING SIZE                                 |                             | WEIGHT, LB.           |                            | DEPTH SET (MD)             |                | HOLE SIZE                | TOP OF (                              |               |                  | NG RECORD                                       | AMOUNT PULLED                         |
| 8-5/8"<br>4-1/2"                            | J-55                        | 24#<br>11.6#          |                            | 329' GL<br>4464'           | ├              | 11"<br>7 7/8"            | SURF-145                              |               |                  |                                                 | NONE                                  |
| 4 1/2                                       | 0-33                        | 11.0#                 |                            | 4404                       | <del> </del>   | 7 776                    | SURF'-LE                              |               |                  | "G" + 50 SX                                     | NONE                                  |
|                                             |                             |                       |                            |                            |                |                          | Stage Too                             |               |                  | G 1305A                                         | TOSURI                                |
| 29.                                         |                             |                       | RECORD                     |                            |                |                          | 30.                                   |               | TUBI             | NG RECORD                                       |                                       |
| SIZE                                        | TOP                         | (MD)                  | BOTTOM (MD)                | SACKS CEMEN                | T*             | SCREEN (MD)              | 2-3/8"                                |               | DEPTH :          | SET (MD)                                        | PACKER SET (MD)                       |
|                                             |                             |                       |                            | †                          | +              |                          | 2-3/6                                 | - " `         | 7717             |                                                 | 3661                                  |
| 31. PERFORATION RECO                        | RD (Interval, size a        | nd number)            |                            |                            | 3              | 2.                       | ACID, SHOT                            | Γ, FRACTI     | JRE, C           | EMENT SQUEE                                     | ZE, ETC.                              |
| <u>INTERVAL</u><br>3983' - 90'              |                             |                       | <u>SIZE</u><br>0.37        | NUMBER<br>28               | 1              | DEPTH INT<br>3983' - 90' | ERVAL (MD)                            | A             | MOUN             | T AND KIND OF M                                 | ATERIAL USED                          |
| 3936' - 41', 3943'                          | - 54'                       |                       | 0.37                       | 32                         | F              | 703 - 70                 |                                       | Frac w/       | 5972 g           | als fluid, 19080                                | # 20/40 sand                          |
|                                             |                             |                       |                            |                            |                |                          |                                       |               |                  |                                                 |                                       |
| 33.*                                        |                             | PRODUC                | TION                       |                            |                |                          |                                       |               |                  |                                                 |                                       |
| DATE FIRST PRODUCTION                       |                             |                       |                            | gas lift, pumping-size an  | d time o       | frumn)                   |                                       |               |                  |                                                 |                                       |
| 5/15/98                                     | •                           | , ricobourion in      | FLOWING                    |                            | u type o       | i pamp)                  |                                       |               |                  | WELL STATUS (P                                  | roducing or shut-in)                  |
| DATE OF TEST                                | H                           | OURS TESTED           | CHOKE SIZE                 | PROD'N. FOR<br>TEST PERIOD | o              | IL-BBLS.                 | GAS-MCF.                              | , w           | ATER-            | BBL.                                            | GAS-OIL RATIO                         |
| 5/16/98                                     |                             | 24                    | 14/64"                     | >                          | 0              |                          | 752                                   |               | 0                |                                                 |                                       |
| FLOW. TUBING PRESS.                         | C                           | ASING PRESSURE        | CALCULATED<br>24-HOUR RATE | OIL-BBL.                   |                | GAS-MCF.                 |                                       | WATER-        | BBL.             | OIL GRAVITY-AP                                  | I (CORR.)                             |
| 1200#                                       | Fald ward for first w       |                       | >                          | 0                          |                |                          | 752                                   | 0             |                  |                                                 |                                       |
| 34. DISPOSITION OF GAS (S<br>SALES/FUEL     | oon, useu for fuel, v       | emet, etc.)           |                            |                            |                |                          |                                       |               |                  | NESSED BY SADLIER                               |                                       |
| 35. LIST OF ATTACHMENT                      | rs                          |                       |                            |                            |                |                          |                                       | <u></u>       | <u></u> :        |                                                 | · · · · · · · · · · · · · · · · · · · |
| 36. I hereby certify that the               | foregoing and at            | tached information is | complete and cor           | rect as determined fr      | om all         | available record         | <u> </u>                              |               |                  |                                                 |                                       |

TITLE

ADMINISTRATIVE ASISTANT

8/19/98

DATE

|                                                                                                                                                                                                                                                 | TOP                         | TRUE<br>TH VERT. DEPTH |                    |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------|--------------------|-------------------------------------------------------------------|
| GEOLOGIC MARKERS                                                                                                                                                                                                                                |                             | MEAS, DEPTH            | 4250'              |                                                                   |
| 38. GEOLOGIC                                                                                                                                                                                                                                    |                             | NAME                   | WASATCH MESA VERDE |                                                                   |
| SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof, cored intervals, and all drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries); | DESCRIPTION, CONTENTS, ETC. |                        |                    | COPIES: BLM - VERNAL/ORIG. & 2 COPIES; DIV. OG&M - DALLAS 1 COPY; |
| ll important zor<br>d, cushion used                                                                                                                                                                                                             | BOTTOM                      |                        |                    | . & 2 COP                                                         |
| NES: (Show a                                                                                                                                                                                                                                    | TOP                         |                        |                    | AL/ORIG                                                           |
| <ol> <li>SUMMARY OF POROUS ZO drill-stem, tests, including dept recoveries);</li> </ol>                                                                                                                                                         | FORMATION                   |                        |                    | COPIES: BLM - VERN                                                |

FORM 3160-5 (June 1990)

### ∡ΓED STATES **DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT**

# Expires: March 31, 1993

UTU-08424A

**FORM APPROVED** Budget Bureau No. 1004-0135

## 5. Lease Designation and Serial No.

| SUNDRY NOTICES AND REPORTS ON WELL | 5 |
|------------------------------------|---|
|------------------------------------|---|

| Do not use this form for proposals to drill or to de<br>Use "APPLICATION FOR PERMIT                                                         | 6. If Indian, Allottee or Tribe Name NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--|
| SUBMIT IN TRIF                                                                                                                              | PLICATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7. If Unit or CA, Agreement Designation Oil Springs Unit                                                     |  |
| 1. Type of Well  Other  2. Name of Operator                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8. Well Name and No. Oil Springs #12 9. API Well No. 43-047-33051                                            |  |
| ROSEWOOD RESOURCES, INC.  3. Address and Telephone No.                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10. Field and Pool, or Exploratory Area                                                                      |  |
| <u>.</u>                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11. County or Parish, State UINTAH CO., UTAH                                                                 |  |
| 12. CHECK APPROPRIATE BOX                                                                                                                   | (es) TO INDICATE NATURE OF NOTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |  |
| TYPE OF SUBMISSION                                                                                                                          | TYP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | E OF ACTION                                                                                                  |  |
| X Notice of Intent Subsequent Report Final Abandonment Notice                                                                               | Abandonment Recompletion Plugging Back Casing Repair Altering Casing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection               |  |
|                                                                                                                                             | Other  (Note: Report results of multiple of Completion or Recompletion Report results of multiple of Completion Report results of Completion Re | ort and Log form.)                                                                                           |  |
| <ol> <li>Describe Proposed or Completed Operations (Clearly st<br/>work. If well is directionally drilled, give subsurface local</li> </ol> | tate all pertinent details, and give pertinent d<br>tions and measured and true vertical depths                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | lates, including estimated date of starting any proposed for all markers and zones pertinent to this work.)* |  |
| Produced water will be tanked on location located in Section 12, T5S, R19E, Uintah from.                                                    | County. Produced water will be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | proved TU & FRUM Disposal Facility reported on the Monthly MMS-3160                                          |  |

DIV. OF OIL, GAS & MINING COPIES: ORIG. & 2-BLM; DIV. OG&M; J MCQUILLEN 14. I hereby certify that the foregoing is true and correct Date 09/11/98 Title Administrative Assistant Signed (This space for Federal or State office use) Date Approved by Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States andy false, fictitious or fraudulent statements or representations as to any mater within its jurisdiction.

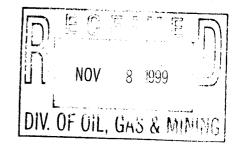
FORM 3160-5 INITED STATES **FORM APPROVED** (June 1990) **DEPARTMENT OF THE INTERIOR** Budget Bureau No. 1004-0135 **BUREAU OF LAND MANAGEMENT** Expires: March 31, 1993 5. Lease Designation and Serial No. SUNDRY NOTICES AND REPORTS ON WELLS UTU-08424A Do not use this form for proposals to drill or to deepen or reenter a different reservoir. 6. If Indian, Allottee or Tribe Name Use "APPLICATION FOR PERMIT -" for such proposals 7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICATE Oil Springs Unit 1. Type of Well 8. Well Name and No. Well Well Oil Springs #12 9. API Well No. 2. Name of Operator 43-047-33051 ROSEWOOD RESOURCES, INC. 10. Field and Pool, or Exploratory Area 3. Address and Telephone No. P.O. Box 1668, Vernai, UT 435-789-0414 11. County or Parish, State 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2052' FNL 750' FWL, SW/NW Section 5, T12S, R24E **UINTAH CO., UTAH** CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 12. TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Abandonment Change of Plans Recompletion **New Construction** Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut-Off Final Abandonment Notice Altering Casing Conversion to Injection Other Squeeze job Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed Rosewood Resources, Inc. reports that on 8/27/99 perfs 3983' - 90' were cemented as follows:

work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

4-1/2" cement retainer was set @ 3975'.

Mixed and pumped 75sx prem cement in perfs and squeezed to 2500#. Circulate hole clean w/60 bbls 3% KCL water. Landed tubing @3830'.

Current producing interval is the Wasatch - 3936' - 41' & 3943' - 54'.



| CO | PIES: | ORIG. | & 2-B | LM; DIV | . OG&N | /I; J MCQI | <b>JILLEN</b> |
|----|-------|-------|-------|---------|--------|------------|---------------|
|    |       |       |       |         |        |            |               |
|    |       |       |       |         |        |            |               |
|    |       |       |       |         |        |            |               |

| 14. I hereby certify that the foregoing is true and correct |                                |               |
|-------------------------------------------------------------|--------------------------------|---------------|
| Signed Kucy Neme                                            | Title Administrative Assistant | Date 11/06/99 |
| (This space for Federal or State office use)                |                                |               |
| Approved by                                                 | Title                          | Date          |
| Conditions of approval, if any:                             |                                |               |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States andy false, fictitious or fraudulent statements or representations as to any mater within its jurisdiction.



## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

| FORM APPROVED              |
|----------------------------|
| OMB No. 1004-0137          |
| <br>Expires: July 31, 2010 |

SUNDRY NOTICES AND REPORTS ON WELLS

5. Lease Serial No. UTU-63031 6 If Indian Allottee or Trib

| Do not use this abandoned well.                                                                                                            | form for proposals<br>Use Form 3160-3 (                          | to drill or to re-enter a<br>APD) for such proposa | n<br>Is.           | o. It mutan, Another or                                                             | Inde Name                             |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------|--------------------|-------------------------------------------------------------------------------------|---------------------------------------|--|--|
| SUBN<br>1. Type of Well                                                                                                                    | IIT IN TRIPLICATE - Othe                                         | r instructions on page 2.                          |                    | 7. If Unit of CA/Agreer Oil Springs                                                 | nent, Name and/or No.                 |  |  |
| Oil Well Gas                                                                                                                               | 8. Well Name and No.                                             |                                                    |                    |                                                                                     |                                       |  |  |
| 2. Name of Operator<br>Rosewood Resources, Inc.                                                                                            |                                                                  |                                                    | <del></del>        | Oil Spring 12  9. API Well No. 430-47-33051  10. Field and Pool or Exploratory Area |                                       |  |  |
| 3a. Address                                                                                                                                |                                                                  | 3b. Phone No. (include area co                     | ide)               |                                                                                     |                                       |  |  |
| P.O. Box 1668 Vernal, UT 84078                                                                                                             | ·                                                                | 435-789-0414                                       |                    | Rockhouse                                                                           | cpionalory Area                       |  |  |
| 4. Location of Well (Footage, Sec., T<br>SWNW SEC 5 T12S R24E                                                                              | .,R.,M., or Survey Description                                   | i)                                                 |                    | 11. Country or Parish, S<br>Uintah                                                  | tate                                  |  |  |
| 12. CHE                                                                                                                                    | CK THE APPROPRIATE BO                                            | OX(ES) TO INDICATE NATUR                           | E OF NOTI          | CE, REPORT OR OTHER                                                                 | R DATA                                |  |  |
| TYPE OF SUBMISSION                                                                                                                         |                                                                  |                                                    | PE OF ACT          |                                                                                     |                                       |  |  |
| Notice of Intent  ✓ Subsequent Report                                                                                                      | Acidize Alter Casing Casing Repair                               | ☐ Deepen ☑ Fracture Treat ☐ New Construction       | Rec1               | amation                                                                             | Water Shut-Off Well Integrity         |  |  |
| [V] Subsequent Report                                                                                                                      | Change Plans                                                     | Plug and Abandon                                   |                    | mplete<br>porarily Abandon                                                          | Other                                 |  |  |
| Final Abandonment Notice                                                                                                                   | Convert to Injection                                             | Plug Back                                          |                    | or Disposal                                                                         |                                       |  |  |
| Thank you<br>Jill Henrie<br>Rosewood Resources, Inc.<br>135-789-0414 x10<br>P.O. Box 1668<br>/ernal, UT 84078                              |                                                                  |                                                    |                    |                                                                                     |                                       |  |  |
| 4. I hereby certify that the foregoing is tr                                                                                               | ne and correct. Name (Printed.                                   | Typed)                                             |                    |                                                                                     |                                       |  |  |
| ill Henrie                                                                                                                                 | ,                                                                | Title Administra                                   | tion Assist        |                                                                                     |                                       |  |  |
| Signature Signature                                                                                                                        | ND                                                               | Date 01/22/200                                     |                    | ant                                                                                 |                                       |  |  |
|                                                                                                                                            | THIS SPACE F                                                     | OR FEDERAL OR STA                                  | TE OFFI            | CELISE                                                                              |                                       |  |  |
| pproved by                                                                                                                                 |                                                                  |                                                    |                    | OL 03E                                                                              |                                       |  |  |
| nditions of approval, if any, are attached.<br>t the applicant holds legal or equitable tit<br>itle the applicant to conduct operations th | e to those rights in the subject                                 | ease which would Office                            | ·                  | Date                                                                                |                                       |  |  |
| tle 18 U.S.C. Section 1001 and Title 43 U<br>titious or fraudulent statements or representations.                                          | S.C. Section 1212, make it a creatations as to any matter within | rime for any person knowingly and                  | willfu <b>late</b> | nake to any department or a                                                         | gency of the United States any false, |  |  |
| nstructions on page 2)                                                                                                                     | , man                                                            | January Mills                                      | # R.B              | VLIVEU                                                                              |                                       |  |  |

FEB 0 9 2009

## **Daily Workover Report**

WELL NAME: Oil Springs #12

Legals:

SWNW SEC 5 12S 24E

County:

UTAH

Engineer:

J. Watkins K. Carrigan

Field Supervisor:

D. Atwood

12/11/08

MIRU Pro Well Service, ND WH NU BOP POOH w/ 125 jts. LD bottom hole assy. RIH w/ bit & scraper & 128 jts to 3970'. POOH w/ 128 jts, bit & scraper. SDFN.

Daily cost

\$5,500 cum. cost

\$5,500

12/12/08

0# on well. RIH w/ pkr & 125 jts. Could not get pkr to set. POOH w/ 125 jts & pkr. RIH with new pkr w/ carbide slips & 125 jts. Set pkr @3915'. Tested pkr to 500# for 15 min. Held ok. SDFN

Daily cost

\$5,500 cum. cost

\$11,000

12/15/08

RU Superior Well Service. Pumped break down. RD Started swabbing. Initial fluid level at surface. Made 10 runs. Rec 30 bbls. Final fluid level at 3500', SDFN

Daily cost

\$5,500 cum, cost

\$16,500

12/16/08

Started swabbing. Initial fluid level @ 60'. Made 15 runs. Rec 60 BBLS. Final fluid level @ 3400'. SDFN.

Daily cost

\$5,500 cum. cost

\$22,000

12/17/08

0# on well. Initial fluid level at 600'. Made 16 swab runs. Rec 60 BBLS water. No gas. SDFN

Daily cost

\$5,500 cum. cost

\$27,500

#### 12/18/08

0# on well. Fluid level at 400'. RD swab. Unset pkr @ 3915'. LD 125 jts tbg. ND BOP NU WH. RDMO

Daily cost

\$5,500 cum. cost

\$33,000

01/22/09

MIRU Weatherford. Pumped frac. Ave rate 48.3 BPM. Ave PSI was 2312#. Max rate 48.9 BPM. Max PSI 3588#. Ave Horsepower 2737. Max horsepower 4300. ISIP 1622#, 5 min 1337#, 10 min 1139#, 15 min 959#. RD Weatherford. SDFN

Daily cost

\$31,223 cum. cost

\$64,223

Form 3160-5 (August 2007)\*

(Instructions on page 2)

\* See Federal COA'S

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

| FORM APPROVED          |
|------------------------|
| OMB No. 1004-0137      |
| Expires: July 31, 2010 |

| SUNDRY | <b>NOTICES</b> | AND | <b>REPORTS</b> | ON | WELLS                    |
|--------|----------------|-----|----------------|----|--------------------------|
|        | <u> </u>       |     |                |    | and the same of the last |

5. Lease Serial No. UTU-08424A 6. If Indian, Allottee or Tribe Name

| abandoned wel                                                                                                                                                                                                                                                                                                            | <u> </u>                                                                                |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------|
| SUB                                                                                                                                                                                                                                                                                                                      | MIT IN TRIPLICATE - Other                                                               | er instructions on page 2                                                                                                              | 7. If U1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nit of CA/Agreen                      | ment, Name and/or No.                                                         |
| 1. Type of Well                                                                                                                                                                                                                                                                                                          |                                                                                         |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       | ,                                                                             |
| Oil Well Gas  2. Name of Operator                                                                                                                                                                                                                                                                                        | s Well Other                                                                            |                                                                                                                                        | 8. Well<br>Oil Sp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name and No.                          |                                                                               |
| Rosewood Resources, Inc.                                                                                                                                                                                                                                                                                                 |                                                                                         |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Well No.<br>-33051                    |                                                                               |
| 3a. Address                                                                                                                                                                                                                                                                                                              |                                                                                         | 3b. Phone No. (include area of                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                                                               |
| P.O. Box 1668, Vernal, UT 84078                                                                                                                                                                                                                                                                                          |                                                                                         | 435-780 0414                                                                                                                           | code) 10. Fiel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d and Pool or Ex                      | xploratory Area                                                               |
| 4. Location of Well (Footage, Sec., 2                                                                                                                                                                                                                                                                                    | T.,R.,M., or Survey Description                                                         | 2)                                                                                                                                     | 11. Con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ntry or Parish, S                     | tate                                                                          |
| SWNW SEC 5 T12S R24E SLB&M                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | County, UT                            | inte                                                                          |
| 12. CHI                                                                                                                                                                                                                                                                                                                  | ECK THE APPROPRIATE BO                                                                  | OX(ES) TO INDICATE NATUI                                                                                                               | RE OF NOTICE, REPO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RT OR OTHER                           | R DATA                                                                        |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                       |                                                                                         |                                                                                                                                        | YPE OF ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | · · · · · · · · · · · · · · · · · · · |                                                                               |
| ✓ Notice of Intent                                                                                                                                                                                                                                                                                                       | Acidize                                                                                 | Deepen                                                                                                                                 | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |                                                                               |
|                                                                                                                                                                                                                                                                                                                          | Alter Casing                                                                            | Fracture Treat                                                                                                                         | Production (Sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nt/Resume)                            | Water Shut-Off                                                                |
| Subsequent Report                                                                                                                                                                                                                                                                                                        | Casing Repair                                                                           | New Construction                                                                                                                       | Reclamation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | Well Integrity                                                                |
|                                                                                                                                                                                                                                                                                                                          | Change Plans                                                                            |                                                                                                                                        | Recomplete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       | Other                                                                         |
| Final Abandonment Notice                                                                                                                                                                                                                                                                                                 | Convert to Injection                                                                    | Plug and Abandon Plug Back                                                                                                             | Temporarily Ab Water Disposal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | andon                                 |                                                                               |
| determined that the site is ready for                                                                                                                                                                                                                                                                                    | or final inspection.)                                                                   | n results in a multiple completio<br>e filed only after all requirement                                                                | BLM/BIA. Required su<br>n or recompletion in a s<br>s, including reclamatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | n, have been cor                      | mpleted and the operator has                                                  |
| lease see attached approved Sund<br>the Spring of 2010.<br>I Henrie                                                                                                                                                                                                                                                      | ,                                                                                       |                                                                                                                                        | s, mendang teciamano                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n, nave been con                      | mpleted and the operator has                                                  |
| lease see attached approved Sund<br>the Spring of 2010.<br>I Henrie                                                                                                                                                                                                                                                      | ,                                                                                       |                                                                                                                                        | ahead with this P&A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | with operations                       | mpleted and the operator has                                                  |
| ease see attached approved Sund<br>the Spring of 2010.<br>I Henrie                                                                                                                                                                                                                                                       | ,                                                                                       |                                                                                                                                        | ahead with this P&A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | with operations                       | mpleted and the operator has                                                  |
| lease see attached approved Sund<br>the Spring of 2010.<br>I Henrie                                                                                                                                                                                                                                                      | ,                                                                                       |                                                                                                                                        | ahead with this P&A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | with operations                       | mpleted and the operator has                                                  |
| lease see attached approved Sund<br>the Spring of 2010.<br>I Henrie                                                                                                                                                                                                                                                      | dry notice along with COA's                                                             | . Rosewood would like to go a                                                                                                          | copy sent to c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | with operations                       | mpleted and the operator has                                                  |
| lease see attached approved Sund the Spring of 2010.  I Henrie Disewood Resources, Inc.                                                                                                                                                                                                                                  | dry notice along with COA's                                                             | . Rosewood would like to go a                                                                                                          | copy sent to c  Date: 9:29.  Initials:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | with operations                       | mpleted and the operator has                                                  |
| lease see attached approved Sund the Spring of 2010.  I Henrie Disewood Resources, Inc.                                                                                                                                                                                                                                  | dry notice along with COA's.                                                            | Rosewood would like to go a speed)  Title Administration Date 11/12/2005                                                               | copy sent to copy | with operations  PERATOR  200         | mpleted and the operator has                                                  |
| lease see attached approved Sund the Spring of 2010.  I Henrie Disewood Resources, Inc.  I hereby certify that the foregoing is true Hernie                                                                                                                                                                              | dry notice along with COA's.                                                            | Rosewood would like to go a                                                                                                            | copy sent to copy | with operations  PERATOR  200         | mpleted and the operator has                                                  |
| lease see attached approved Sund the Spring of 2010.  I Henrie Disewood Resources, Inc.  I hereby certify that the foregoing is true Hernie  Signature Signature Signature                                                                                                                                               | e and correct. Name (Printed/Ty                                                         | Rosewood would like to go a  Title Administra  Date 11/12/2005  R FEDERAL OR STAT                                                      | copy sent to copy | with operations  PERATOR  200         | mpleted and the operator has                                                  |
| lease see attached approved Sund the Spring of 2010.  I Henrie Disewood Resources, Inc.  I hereby certify that the foregoing is true Hernie  Signature  Signature  oved by  tions of approval, if any, are attached. Are applicant holds legal or equitable title the applicant to conduct operations there              | THIS SPACE FO  Approval of this notice does not to those rights in the subject learner. | Rosewood would like to go a reped)  Title Administration Date 11/12/2005  R FEDERAL OR STATE  Warrant or certify se which would Office | copy sent to copy | with operations  OPERATOR  2000  Date | mpleted and the operator has s to commence  9/28// Federal Approval Of This   |
| lease see attached approved Sund the Spring of 2010.  I Henrie Disewood Resources, Inc.  I hereby certify that the foregoing is true Hernie  Signature Signature Signature over the proventions of approval, if any, are attached. A complicant holds level or equitable title applicant holds level or equitable title. | THIS SPACE FO  Approval of this notice does not to those rights in the subject learner. | Rosewood would like to go a reped)  Title Administration Date 11/12/2005  R FEDERAL OR STATE  Warrant or certify se which would Office | copy sent to copy | with operations  OPERATOR  2000  Date | mpleted and the operator has s to commence  9/28//0  Federal Approval Of This |

| Do not use this f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT  SUNDRY NOTICES AND REPORTS ON WELLS e this form for proposals to drill or to deepen or reenter a different reservoir. Use "APPLICATION FOR PERMIT -" for such proposals |                                                                                                                                                                                                                                                                                                                       | FORM APPROVED  Budget Bureau No. 1004-0135  Expires: March 31, 1993  5. Lease Designation and Serial No.  UTU 08424A  6. If Indian, Allottee or Tribe Name |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                       | NA .                                                                                                                                                       |
| 1. Type of Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SUBMIT IN TR                                                                                                                                                                                                                                | PLICATE                                                                                                                                                                                                                                                                                                               | 7.4f Unit of CA, Agreement Designation                                                                                                                     |
| Well X ∨                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Gas<br>Vell Other                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                       | 8. Well Name and No. Oil Springs #12 9. API Well No.                                                                                                       |
| 2. Name of Operator Rosewood Resources, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                       | 43-047-33051                                                                                                                                               |
| <ol><li>Address and Telephor</li></ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ne No.                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                       | 10. Field and Pool, or Exploratory Area                                                                                                                    |
| P.O. Box 1668 Vernal LIT 94079 425 700 0444                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                       | 11. County or Parish, State                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TEO TOTAL OLDS:NI                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                       | Uintah, Co Utah                                                                                                                                            |
| 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CHECK APPROPRIATE BOX SUBMISSION                                                                                                                                                                                                            | (es) TO INDICATE NATURE OF NOTICE                                                                                                                                                                                                                                                                                     |                                                                                                                                                            |
| TIFE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SOBIMISSION                                                                                                                                                                                                                                 | TYPE C                                                                                                                                                                                                                                                                                                                | OF ACTION                                                                                                                                                  |
| Sulfano Sulfan | rces, Inc. rnal, UT 84078                                                                                                                                                                                                                   | Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other (Note: Report results of multiple completic Completion or Recompletion Report and all pertinent details, and give pertinent dates, inclusions and measured and true vertical depths for all materials and procedure and wellbore diagrams. | Log form.) uding estimated date of starting any proposed urkers and zones pertinent to this work.)*                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                       | MAR 1 0 2008                                                                                                                                               |
| COPIES: ORIG. & :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2-BLM; DIV. OG&M DALLA                                                                                                                                                                                                                      | AS OFFICE                                                                                                                                                                                                                                                                                                             | on me . A Chilli                                                                                                                                           |
| I. I hereby certify tha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | t the foregoing is true and o                                                                                                                                                                                                               | correct                                                                                                                                                                                                                                                                                                               |                                                                                                                                                            |
| Signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Hame                                                                                                                                                                                                                                        | Title Administrative Assistant                                                                                                                                                                                                                                                                                        | Date 03/10/08                                                                                                                                              |
| This space for Federator. Approved by Conditions of approval, if ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | iy.                                                                                                                                                                                                                                         | т прetroleum Engin                                                                                                                                                                                                                                                                                                    | · · · · · · · · · · · · · · · · · · ·                                                                                                                      |
| itle 18 U.S.C. Section 1001, n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nakes it a crime for any person knowing                                                                                                                                                                                                     | ply and willfully to make to any department or agency of                                                                                                                                                                                                                                                              | the United States and Vales, figitious as froughtions                                                                                                      |

# P&A Procedure Oil Springs #12

9 5/8" @ 329' 4 ½" 11.6# @ 4,464' TOC @ surface PBTD @ 3,975' (cement retainer) Perfs 3,936'-54'

EOT 3,899'

Prior to MIRU, blow the well down, and check deadmen.
MIRU, install 5,000# BOP
RIH tag CCIR @ 3,972'
Spot 30 sacks of cement to cover perfs
WOC and tag
Pressure test casing, if casing fails call for orders
Roll hole with produced water and corrosion inhibitor
POH to 400'
Circulate cement to surface
Cut off wellhead
Top off cement in annulus if necessary
Weld on dry hole marker with well information
RDMO

Note: CBL available. CBL shows good bond at surface casing shoe. Longstring cementing report shows that 20sks were circulated to surface.

# ROSEWOOD RESOURCES, INC. WELLBORE DIAGRAM AND INFORMATION

Well Name: Date:

Oil Springs Unit #12

Field: Oil Springs

County:

06/25/07 FBS Uintah

Location: State:

SW/NW Sec. 05-T12S-R24E

Utah

Status: SI



Surface:

2052' FNL, 750' FWL

SW/NW Sec. 05-T12S-R24E Uintah County, Utah

Completed:

May 1998 6172'

Elevation: KB: API#:

6186' 43-047-33051

9-5/8", 24# J-55 csg @ 329' GL Cmt'd w/ 145 sxs "G"

P &A wellbore

fluid treated with corrosion inhibitor

30 sks CMT across all perfs 3936-3954

7-7/8" Hole

3936'-3941', 4 spf (05/98) – Rt: 90 $\Omega$ ,  $\Phi$ : 13% Re-Shot (09/99) No stimulation

3943'-3954', 4 spf (05/98) – Rt:  $100\Omega$  ,  $\Phi$ : 13%Re-Shot (09/99) No stimulation

Cmt. Retainer set @ 3975'

3983'-3990', 4 spf (5/98) – Rt:  $46\Omega$  ,  $\Phi$ : 15% (cross-over) Frac'd w/ 19,080# 20/40 sand (5/98) Sqz'd w/ 75 sxs Cmt. (08/99)

PBTD: 4422' TD: 4500'

4-1/2", 11.6# J-55 csg @ 4464' Cmt'd w/ 600 sxs "G"

All Depths are KB unless otherwise noted.

GV2V(GD)RFAILE

Grade

J-55

J-55

Depth

Surf-329' GL

Surf-4464'

Weight

24#

11.6#

Size

8-5/8"

4-1/2"

# ROSEWOOD RESOURCES, INC. WELLBORE DIAGRAM AND INFORMATION

Well Name:

Oil Springs Unit #12

Oil Springs

Date:

11" Hole

County:

06/25/07 FBS Uintah OH DOINES

Location: State:

Field:

SW/NW Sec. 05-T12S-R24E
Utah

Status: SI

Surface:

2052' FNL, 750' FWL

SW/NW Sec. 05-T12S-R24E

Uintah County, Utah

Completed:

May 1998 6172'

Elevation: KB:

6186°

API#:

43-047-33051

9-5/8", 24# J-55 csg @ 329' GL Cmt'd w/ 145 sxs "G"

|     | TUBING DETA           | III,    |          |
|-----|-----------------------|---------|----------|
| Qty | Description           | Length  | Depth    |
|     | KB Correction         | 14.00   | 14.00    |
| 1   | Tbg Hanger            | 0.80    | 14.80    |
| 124 | JTS tbg, 2-3/8"       | 3848.52 | 3,863.32 |
| 1   | X-Nipple              | 1.18    | 3,864.50 |
| 1   | JT tbg, 2-3/8"        | 30.62   | 3,895.12 |
| 1   | XN-Nipple             | 1.20    | 3,896.32 |
| 1   | 2-3/8" tbg sub        | 2.34    | 3,898.66 |
| 1   | 2-3/8" Notched collar | 0.43    | 3,899.09 |

7-7/8" Hole

3936'-3941', 4 spf (05/98) – Rt: 90 $\Omega$  ,  $\Phi$ : 13% Re-Shot (09/99)

No stimulation

3943'-3954', 4 spf (05/98) – Rí:  $100\Omega$  ,  $\Phi$ : 13% Re-Shot (09/99)

No stimulation

Cmt. Retainer set @ 3975'

 CASING-DETAIL

 Size
 Weight
 Grade
 Depth

 8-5/8"
 24#
 J-55
 Surf-329' GL

 4-1/2"
 11.6#
 J-55
 Surf-4464'

3983'-3990', 4 spf (5/98) – Rt: 40Ω, Φ: 15% (cross-over) Frac'd w/ 19,080#20/40 sand (5/98)

Sqz'd w/ 75 sxs Cmt. (08/99)

PBTD: 4422' TD: 4500' 4-1/2", 11.6# J-55 csg @ 4464' Cmt'd w/ 600 sxs "G"

All Depths are KB unless otherwise noted.

# CONDITIONS OF APPROVAL FOR WELL ABANDONMENT

Company Well No.

Rosewood Resources, Inc.

Location:

**SWNW Sec. 5 T12S R24E** 

Oil Springs #12

Lease No.

UTU 08424A

# GOVERNMENT CONTACTS BUREAU OF LAND MANAGEMENT - VERNAL FIELD OFFICE 170 South 500 East, Vernal, Utah 84078 (435) 781-4400

| Petroleum Engineer: Matt Baker      | Cell: 828-4470 | Office: 781-4490 |
|-------------------------------------|----------------|------------------|
| Petroleum Engineer: Michael Lee     | Cell: 828-7875 | Office: 781-4432 |
| Petroleum Engineer: Jim Ashley      | Cell: 828-7874 |                  |
| Petroleum Engineer: Ryan Angus      | Cell: 828-7368 | Office: 781-4470 |
|                                     |                | Office: 781-4430 |
| Suprv. I&E Inspector: Jamie Sparger | Cell: 828-3913 | Office: 781-4502 |

# A COPY OF THESE CONDITIONS SHALL BE GIVEN TO YOUR FIELD REPRESENTATIVE TO ENSURE COMPLIANCE

# SITE SPECIFIC DOWNHOLE CONDITIONS OF APPROVAL

- 1. If a region is perforated to squeeze cement, the injection rate and pressure will be established **before** the CICR is set.
- 2. All displacement fluid shall contain corrosion inhibitor and biocide. Premix 5 gallons of each per 100 barrels of produced water.
- 3. Clarification to SN procedure; Spot the 30 sx on top of the CICR @3972'.
- 4. Addition to SN procedure; Our records indicate the top of the Wasatch is at 2610'. Therefore, spot a balanced plug from  $\pm 2710' 2510'$  with 15 sx.
- 5. Addition to SN procedure; Our records indicate the top of the Mahogany Shale at 950'. Therefore, spot a balanced plug from  $\pm 1050$ ' 850' with 15 sx.

## STANDARD CONDITIONS OF APPROVAL

- 1. This office shall be notified sufficiently in advance of actual plugging work so that a representative may have an opportunity to witness the operation. If time permits, please try to notify this office at least 24 hours in advance of rigging up. **Notify Jamie Sparger**
- 2. Prior to perforating any casing string, adequate BOPs, lubricators, and controls shall be installed and function tested.

- 3. If paraffin or scale deposits are detected while pulling the tubing or any other production equipment out of the wellbore, hot water treatments and/or scraper runs shall be conducted before placing any cement plugs.
- 4. It will be left to the discretion of the BLM representative on location while plugging as to whether or not any of the plugs shall need to be tagged.
- 5. Upon completion of the approved plugging program, a dry hole marker shall be installed in accordance with 43 CFR 3162.6(b) and clean up the site. The marker shall be a flat plate (with a weep hole) not less than 1/4 inch in thickness and large enough to contain all of the information identified below and shall be buried a minimum of three (3) foot below re-contoured surface level. Pits must be fenced unless approved otherwise by the authorized officer.
- 6. The following minimum information will be permanently and legibly placed on the marker with a plate, cap or welded bead:
  - A. Name of the operator.
  - B. Lease serial number.
  - C. Well number.
  - D. Surveyed description of the well; section, township and range and either footages or quarter-quarter section.
- 7. Within 30 days after well bore plugging operations have been completed, Form 3160-5 (formerly Form 9-331), Subsequent Report of Abandonment, shall be submitted to this office. The report must show the location of all plugs or any mechanical setting device, quantity and type of cement and additives in each plug, amount of casing or any tubulars left in the hole, methods used to test plugs and test results, and the status of the surface restoration. If a temporary delay in the removal of equipment or surface cleanup is deemed necessary, so justify in your report. This abandonment report will be approved by this office with surface stipulations. Liability for the well shall not be released until the surface management agency approves the actual site rehabilitation.
- 8. If not previously filed, submit in duplicate, Form 3160-4 (formerly Form 9-330), Well completion or Recompletion Report and Log, well history, electric logs, any other surveys, and, if taken, core analysis. This completion report must be filed within 30 days after the culmination of downhole plugging operations.

Form 3160-5 (August 2007)



### **UNITED STATES** DEPARTMENT OF THE INTERIOR ΒU

FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010 erial No. 97

| JREAU OF LAND MANAGEMENT       | 5. Lease Se<br>UTU-5419 |
|--------------------------------|-------------------------|
| / NOTICES AND REPORTS ON WELLS | C TCT- diam             |

| SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.                                                                                          |                                |                                                                 | n                               | 6. If Indian, Allottee or Tribe Name                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------|---------------------------------|-----------------------------------------------------|--|
| SUBMIT IN TRIPLICATE – Other instructions on page 2.                                                                                                                                                                                                  |                                |                                                                 |                                 | A/Agreement, Name and/or No.                        |  |
| 1. Type of Well  ☐ Oil Well ☐ Other ☐ Other                                                                                                                                                                                                           |                                |                                                                 | 8. Well Name<br>Oil Springs #   |                                                     |  |
| 2. Name of Operator<br>Rosewood Resources, Inc.                                                                                                                                                                                                       |                                |                                                                 | 9. API Well No<br>43-047-3305   | o.<br>1                                             |  |
| 3a. Address                                                                                                                                                                                                                                           |                                | Bb. Phone No. (include area co                                  |                                 | Pool or Exploratory Area                            |  |
| P.O. Box 1668 Vernal, UT 84078                                                                                                                                                                                                                        |                                | 435-789-0414                                                    |                                 |                                                     |  |
| 4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)                                                                                                                                                                                  |                                |                                                                 |                                 | 11. Country or Parish, State Uintah County, UT      |  |
| SWNW SEC 5 T12S R24E                                                                                                                                                                                                                                  |                                |                                                                 |                                 |                                                     |  |
| 12. CHEC                                                                                                                                                                                                                                              | K THE APPROPRIATE BOX          | K(ES) TO INDICATE NATUR                                         | RE OF NOTICE, REPORT O          | R OTHER DATA                                        |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                    |                                | T                                                               | YPE OF ACTION                   |                                                     |  |
| Notice of Intent                                                                                                                                                                                                                                      | Acidize Alter Casing           | Deepen Fracture Treat                                           | Production (Start/Res           | Well Integrity                                      |  |
| ✓ Subsequent Report                                                                                                                                                                                                                                   | Casing Repair Change Plans     | <ul><li>✓ New Construction</li><li>✓ Plug and Abandon</li></ul> | Recomplete Temporarily Abandon  | Other                                               |  |
| Final Abandonment Notice                                                                                                                                                                                                                              | Convert to Injection           | Plug Back                                                       | Water Disposal                  |                                                     |  |
| Please see attached rig reports for a procedures to commence Spring 20 Please call with any concerns.  Thank you, Jill                                                                                                                                |                                | re. Rosewood intends to so                                      | hedule an onsite to determ      | nine proper re-seeding and reclamation              |  |
|                                                                                                                                                                                                                                                       |                                |                                                                 |                                 | RECEIVED                                            |  |
|                                                                                                                                                                                                                                                       |                                |                                                                 |                                 | MAR 0 1 2011                                        |  |
|                                                                                                                                                                                                                                                       |                                |                                                                 |                                 | DIV. OF OIL, GAS & MINING                           |  |
| 14. I hereby certify that the foregoing is t                                                                                                                                                                                                          | rue and correct. Name (Printed | /Typed)                                                         |                                 |                                                     |  |
| Jill Henrie                                                                                                                                                                                                                                           |                                | Title Admini                                                    | strative Assistant / RL         |                                                     |  |
| Signature Sill Mu                                                                                                                                                                                                                                     | <del>ũ</del>                   | Date 02/24/2                                                    | 2011                            |                                                     |  |
|                                                                                                                                                                                                                                                       | THIS SPACE I                   | OR FEDERAL OR S                                                 | TATE OFFICE USE                 |                                                     |  |
| Approved by                                                                                                                                                                                                                                           |                                |                                                                 |                                 |                                                     |  |
| Conditions of approval, if any, are attached. Approval of this notice does not warrant or cert that the applicant holds legal or equitable title to those rights in the subject lease which woul entitle the applicant to conduct operations thereon. |                                |                                                                 |                                 | Date                                                |  |
|                                                                                                                                                                                                                                                       |                                | crime for any person knowingly                                  | and willfully to make to any de | epartment or agency of the United States any false, |  |

(Instructions on page 2)

fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

WELL NAME: Oil Springs #12

API # 43-047-33051

SWNW SEC 5 T12S R24E Lease Number #UTU-63031

County: Uintah

Engineer: J Watkins / Field Supervisor: Dennis Atwood

**Gross AFE:** 

\$58,000

Objective: P&A

12/2/2010

MIRU. ND WH. NU BOP. PU 2 JTS & tag fill @ 3948'. POOH w/ 127 JTS tallying. RIH to 3944'. SDFN

Daily Cost: \$6,000 Cum Cost: \$6,000 Remaining AFE: \$52,000

12/3/2010

RI & tag @ 3948'. Pumped 30 SKS class "G" Cement. Pulled above CMT. Wait for 2-1/2 hrs. RIH & tag CMT @ 3680'. Test CSG to 1000 PSI. Circulate well with corrosion inhibitor. POOH. LD to 2704'. Pump 15 sks of "G" cement. Balance plug. POOH to 400'. Circulate cement to surface. POOH w/ 11 JTS. SDFN.

Daily Cost: \$10,000 Cum Cost: \$16,000 Remaining AFE: \$42,000

12/6/2010

ND BOP. NU WH. Moved rig to Oil Springs #13. Will weld marker plate on in 1 week.

Daily Cost: \$4,000 Cum Cost: \$20,000 Remaining AFE: \$38,000

1/27/201

Pumped 10 SXS Class "G" cement.

Daily Cost: \$2,000

Cum Cost:

\$22,000

Remaining AFE:

\$16,000

2/22/2010

Topped off well with 1 SK Class "G" cement. Welded on marker plate. BLM Representative Donna Kenney witnessed operations. FINAL REPORT.

Daily Cost: \$2,000

Cum Cost:

\$24,000

Remaining AFE:

\$14,000